Sase 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 1 Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490

990 Return of Organization Exempt From Income Tax Pg. 2 onto 1545 10047

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

		he Treasury e Service The organization may have to use a copy of this return to satisfy state reporting re	equit et	ments Inspection
		001 calendar year, or tax year beginning 01/01 , 2001, and ending	06	/30/2001
_	ch if applicat			mployer identification number
	Address	use RS THE EDUCATION RESOURCES INSTITUTE, INC		-2875329
\sqcap	Name char	label or	E To	elephone number
П	inibal rota			•
П	Final rolum	330 STUART STREET	(6	17)426-0681
П	Amended return	Instruc- City or town, state or country, and ZIP + 4	F &c	counting Cash X Accrual
П	Application	BOSTON, MA 02116		Other (specify)
	,		plicable	e lo section 527 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ) H(a) Is this a grou	p returr	n for affiliates? Yes X No
G W	ob site	H(b) If "Yes" ente	r numb	per of affiliates
J 0	rganizat	on type (check only one) ▶ 🗶 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 H(c) Are all affiliat	es inclu	ided? Yes X No
K C	heck hen	If the organizations gross receipts are normally not more than \$25,000. The H(d) is this e separa		See instructions)
01	rganizatio			y a group ruling? Yes X No
		it should file a return without financial data. Some states require a complete return.	}EN ▶	·
		M Check ▶	ا ليا	the organization is not required
L G	ross rec	eipts Add lines 6b, 8b, 9b and 10b to line 12 20, 499, 959 to attach Sch	B (Fo	rm 990 990-EZ or 990-PF)
Par	tl_R	evenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions	on pa	ige 16)
	1	Contributions, gifts grants, and similar amounts received STMT 1		
	а	Direct public support	╛╽	
	ь	Indirect public support]	
	C	Government contributions (grants)]	
	ď	Total (edd lines to through fc) (cash \$1,077,684noncash \$)	14	1,077,684
		Program service revenue including government fees and contracts (from Part VII, line 93)	2	8,718,690
	1 -	Membership dues and assessments	3	507,320
		Interest on savings and temporary cash investments	4	
	1 _	Dividends and interest from securities STMT 2	5	2,159,204
	1 _	Gross rents 6a		
		Less rental expenses 6b	7	
		Net rental income or (loss) (subtract line 6b from line 6a)	 6c	
ě	7	Other investment income (describe	7	
Revenue	1 .	Gross amount from sales of assets other (A) Securities (B) Other	+	
Ş.	""	than inventory 8a DETDIC LUMIC	7	
	b	Less cost or other basis and sales expenses 8b (1-014 1-015 = 1	7]	
	ľ	Gain or (loss) (attach schedule) 8c 8,037,061	1 1	
		Net gain or (loss) (combine line 8c columns (A) and (B))	84	8,037,061
	9	Special events and activities (attach schedule)	1	5,05,7002
		Gross revenue (not including \$ of		
	"	contributions reported on line 1a)		
	h	Less direct expenses other than fundraising expenses	1 1	
		Net income or (loss) from special events (subtract line 9b from line 9a)	96	
	10a			
i		Gross sales of inventory, less returns and allowances 10a 1		
i		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	ا ۱	
	1		10c	
	11 12	Other revenue (from Part VII. line 103) Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, <u>10c, and 11)</u>	12	20,499,959
	13		13	17,528,202
, N	14	Program services (from line 44 column B)) RECEIVED		1,617,173
Expenses	1	To leave the second that the second to leave t	14	1,01/,1/3
Š	15	Powersking (from line 44, column (D))	16	
, iii	16		-	10 145 275
	17	Total expenses (add lines 16 and 44 column (A))	17	19,145,375
Assots	18	Excess or (deficit) for the year (subtract ine 17 OND EN, UT	18	1,354,584
As	19	Net assets or fund balances at beginning of year (from line 73) column (A))	19	25,764,291
Net	20	Other changes in net assets or fund balances (attach explanation) STMT 3	20	380,262
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	27,499,137
rorl	~aperw	ork Reduction Act Notice, see the separate instructions		Form 990 (2001)

R81624 1149

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt chantable trusts but optional for others (See Specific Instructions on page 21.)

	Do not include amounts reported on line 6b 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)		sm1+1		· · · · · · · · · · · · · · · · · · ·	
	,	22	46,790	46 700		
	(cash \$ 46,790 noncash \$)	23	40,730	46,790	```	55 St. 50
	Specific assistance to individuals (attach schedule)	24				
	Benefits paid to or for members (attach schedule) Compensation of officers, directors, etc.	25	541,067	122 072		
	·	26		123,072	417,995	
	Other salaries and wages	27	2,713,372	2,621,031	92,341	
	Pension plan contributions	_	321,014	242,505	78,509	
	Other employee benefits .	28	275,722	234,533	41,189	
	Payroll taxes	29	271,431	235,324	36,107	
	Professional fundraising fees	30		·		
	Accounting fees	31	74,181	***	74,181	
	Legal fees	32	587,628	249,602	339,026.	
	Supplies	33	100,294	88,632	11,662	
	Telephone .	34	57,708	47,728	9,980	
5	Postage and shipping	35	104,004	98,109	5,895	
6	Occupancy	36	378,709	293,145	85,564	
17	Equipment rental and maintenance	37	182,130	162,127	20,003	
8	Printing and publications	38	155,380	151,309	4,071	
9	Travel	39	238,107	212,161	25,946	
0	Conferences, conventions, and meetings	40	34,475	29,513.	4,962	
1	Interest . STMT 3F	41				
12	Depreciation depletion etc (attach schedule)	42	200,413	178,628	21,785	
	•	43a	12,862,950	12,514,993	347,957	
b		43ь		···		
C		43c			-	
ď		43d				
_					· · · · - · · · · · · · · · · · · ·	
•		43e				
loln	Fotal functional expenses (edd tines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 If you are follow	44 /ing		17,528,202	1,617,173	
loln tre a f "Ye iii) th	Total functional expenses (edd lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 ring : camp int co eral \$	SOP 98-2 laign and fundraising solitists \$ see Accomplishment	citation reported in (B) Pro , (ii) the amount alloca , and (iv) the amount a	gram services? ated to Program services llocated to Fundraising \$	Program Service
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Page 3

Part IV Balance Sheets (See Specific Instructions on page 24)

L	alli	Balance Sneets (See Specific instruct				
-	Vote	Where required, attached schedules and amounts column should be for end-of-year amounts only	within the description	(A) Beginning of year		(B) End of year
_	45	Cash - non-interest-bearing	- " "	-23,695	45	-264,706
	46	Savings and temporary cash investments	. 1	14,048,944	46	15,739,806
		, ,	i			
	47a	Accounts receivable	47a 27,476,901			
	I	Less allowance for doubtful accounts	47Ь	28,301,227	47c	27,476,901
		•	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		22.5	
	48a	Pledges receivable	48a			
		Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and	key employees			
		(attach schedule)		_	50_	
	51a	Other notes and loans receivable (attach	Ť		,	
		schedule) STMT 5C	51a 27,369,514			
ssets	ь	Less allowance for doubtful accounts	51b	29,258,371	51c	27,369,514
88	52	Inventories for sale or use			52	
•	53	Prepaid expenses and deferred charges		282,070	53	185,816
	54	Investments - securities (attach schedule)\$TTOT	うち Cost x FMV	52,265,100	54	56,369,223
	55a	Investments - land, buildings, and				
	ŀ	equipment basis	55a		ļ, -	
	b	Less accumulated depreciation (attach				
		schedule) .	55b		55c	
	56	Investments - other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a 54,463.			
	ь	Less accumulated depreciation (attach				
	ŀ	schedule) 5 m 5 f	57b 28,474.	606,135	57c	25,989
	58	Other assets (describe ▶)		58	
					1	
_	59	Total assets (add lines 45 through 58) (must equ	al line 74)	124,738,152	59	126,902,543
	60	Accounts payable and accrued expenses		2,226,829	60	2,457,457
	61	Grants payable .			61	
	62	Deferred revenue .	. •		62	
9	63	Loans from officers, directors, trustees, and key e	mployees (attach		30	
≝		schedule)			63	
Jabilities		Tax-exempt bond liabilities (attach schedule)		<u></u>	64a	
_	Ь	Mortgages and other notes payable (attach sched	ule)		64Ь	
	65	Other liabilities (describe ►	STMT 6_)	96,747,032	65	96,945,949
					_	
_	66	Total liabilities (add lines 60 through 65)		98,973,861	66	99,403,406
	Org	anizations that follow SFAS 117, check here ▶	x and complete lines			
		67 through 69 and lines 73 and 74		10 600 316	6.7	10 220 470
88	67	Unrestricted .	•• •	10,680,316		12,330,470
E L	68	Temporarily restricted .	•	13,083,975	68	13,168,667
B	69	Permanently restricted	re Dand	2,000,000	09	2,000,000
'n	Org	anizations that do not follow SFAS 117, check he complete lines 70 through 74	re P and			
昆	70			70		
Assets or Fund Balances	71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land building, and er	auroment fund		71	
ets	72	Retained earnings, endowment, accumulated income		<u> </u>	72	
53	73	Total net assets or fund balances (add lines 67 t	_		 	
Net A	1'3	70 through 72,	mough os OR mes			
ž		column (A) must equal line 19, and column (B) m	uet equal line 21\	25,764,291	73	27,499,137
	74		· · · · · · · · · · · · · · · · · · ·	124,738,152		126,902,543
_		10141 HOMINIOS BIRG HOL BESSELS / HUING DEIGHLOS (add mics of and 19)		,	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A	Reconciliation of Reven Financial Statements w	-		290 P	art IV-B	Reconciliation Financial Stat				
ŗ	Return (See Specific Ins		•)			ements wit	n Exp	penses per	
per audite Amounts tine 12, F (1) Net unreali on investm (2) Donated se and use of (3) Recoveries year grants (4) Other (spec	enue, gains, and other support ed financial statements included on line a but not on orm 990 izzed gains ients statements facilities for prior statements	8	20,880,2	a 21 b (audited Amount on line 1) Donated and use 2) Prior yea reported Form 990 3) Losses re	of facilities \$ ir adjustments on line 20, 0 \$ eported on Form 990 \$	nts . >	a	19,145	
: Line a mir I Amounts	included on line 12, but not on line a t expenses d on line \$	С	380,2 20,499,9	59 c d	Line a m Amount Form 99 1) Investme		17.	b	19,145	.37
Total reve (line c plu Part V Lis	st of Officers, Directors, Ti	d	20,499,9 es, and Key I	59 Employ	Total exp (line c pl	ounts on lines (1) penses per line 1 lus line d) each one even if r	7, Form 990	d e	19,145, see Specific	. 37.
Total reve (line c plu Part V Lis	enue per line 12, Form 990 s line d)		20,499,9 es, and Key I	Employ (B) Title	Total exp (line c pl	penses per line 1 lus line d)	7, Form 990	e e e e e e e e e e e e e e e e e e e	see Specific (E) Expens	se other
Total reve (line c plu Part V Lis	s line d) s line d) st of Officers, Directors, Tistructions on page 26) (A) Name and address		20,499,9 es, and Key I	Employ (B) Title	Total ex (line c pl /ees (List e	penses per line 1 lus line d) each one even if r (C) Compensation (If not paid, enter	7, Form 990 oot compensa (D) Contribute employee benefit deferred compe	e e e e e e e e e e e e e e e e e e e	(E) Expension	se other
Total reve	s line d) s line d) st of Officers, Directors, Tistructions on page 26) (A) Name and address		20,499,9 es, and Key I	Employ (B) Title	Total ex (line c pl /ees (List e	penses per line 1 lus line d) each one even if r (C) Compensation (If not paid, enter	7, Form 990 oot compensa (D) Contribute employee benefit deferred compe	ons to	(E) Expension	se other
Total reve	s line d) s line d) st of Officers, Directors, Tistructions on page 26) (A) Name and address		20,499,9 es, and Key I	Employ (B) Title	Total ex (line c pl /ees (List e	penses per line 1 lus line d) each one even if r (C) Compensation (If not paid, enter	7, Form 990 oot compensa (D) Contribute employee benefit deferred compe	ons to	(E) Expension	se other

, Earr	Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 6	of		age 5
	rt VI Other Information (See Specific Instructions on page 27)	_		No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X.
	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		х
	If "Yes " attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78a	х	
	off "Yes," has it filed a tax return on Form 990-T for this year?	78b		х
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes " attach a statement	79		x
80 e	is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	_x_	<u> </u>
ь	of "Yes," enter the name of the organization SEE STATEMENT OF	^ \	[
	and check whether it is exempt OR nonexempt			
816	Enter direct or indirect political expenditure. See line 81 instructions]		
E	Did the organization file Form 1120-POL for this year?	81b		x
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a	x	
t	o If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II (See instructions in Part III)]		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_ x	
t	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
8 4 s	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<u> </u>	x
t	old "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b	N/	A
85	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N/	Α
t	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year		İ	
•	Dues, assessments, and similar amounts from members	4		
ď	f Section 162(e) lobbying and political expenditures	4		ľ
•	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e NONE			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f NONE	4	}	ļ
E	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/	A
t	n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable			
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			ŀ
t	Gross receipts, included on line 12, for public use of club facilities	4		1
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A	4	ļ	
t	o Gross income from other sources. (Do not net amounts due or paid to other		1	
	sources against amounts due or received from them)	4		1
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88	_X_	
89 a	a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under			
_	section 4911 ► NONE section 4912 ► NONE , section 4955 ► NONE	· · ·		
t	5 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes " attach		1	
	a statement explaining each transaction	89b	<u> </u>	X
•	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			NONE
	d Enter Amount of tax on line 89c, above, reimbursed by the organization . ▶_			NONE
	List the states with which a copy of this return is filed MASSACHUSETTS	1	l	
	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)		177	1
91	The books are in care of ▶ DARREN MCINKIS Telephone no ▶ 617-42	6-06	81	
_	Located at ≥ 330 STUART STREET, BOSTON, MA ZIP+4 ≥ 02116			. 1
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			▶
_	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N	ONE

Form **990** (2001)

JSA 1E1050 2 000

9-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Organization Exemply Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

Of OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

THE EDUCATION RESOURCES INSTITUTE, INC

04-2875329

Schedule A (Form 990 or 990-EZ) 2001

Pg.

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
			j	
DAVID LUCIANO	SVP/TECH			
116 STEERE STREET	4.0	67.415		
ATTLEBORO, MA 02915	40 HOURS	67,415	NONE	<u></u>
WARREN MOORE	VP/RECOVRY			
77 WASHINGTON ST				
EAST WALPOLE, MA 02032	40 HOURS	_52,206	NONE	NONE
DAVID R KELLY	VP - MKCTG			
74 ELIOT STREET				
S NATICK, MA 01760	40 HOURS	56,506	NONE	NONE
JEROME NAROLEWSKI	VP/RISK MG			
31 LAMPLIGHTER DRIVE			j :	
SHREWSBURY, MA 01545	40 HOURS	53,629	NONE	NONE
FRED_WILLIAMS	SVP SPECIAL PROJE	ers		
P O BOX 14				
SHIRLEY, MA 01464	40 HOURS	122,773	NONE	NONE
Total number of other employees paid over				
\$50 000	NONE			
Compensation of the Five Hig (See page 2 of the instructions Li				
	St each one (which	I III O CIALD DI III	ns) ii iii ele ale non	ic, citici Molic 1
(a) Name and address of each independent contractor p	aid more than \$50 000	(b) Туре	of service	(c) Compensation
(a) Name and address of each independent contractor p	aid more than \$50 000	(b) Туре	of service	
HILL & BARLOW				(c) Compensation
		(b) Type		
HILL & BARLOW				(c) Compensation
HILL & BARLOW ONE INTERNATIONAL PLACE, BOSTON,	MA		CES	(c) Compensation
HILL & BARLOW ONE INTERNATIONAL PLACE, BOSTON, PROTOCOL P O BOX - DEPT 5409, HARTFORD, C	MA	LEGAL SERVI	CES	(c) Compensation
HILL & BARLOW ONE INTERNATIONAL PLACE, BOSTON, PROTOCOL	MA	LEGAL SERVI	CES	(c) Compensation
HILL & BARLOW ONE INTERNATIONAL PLACE, BOSTON, PROTOCOL P O BOX - DEPT 5409, HARTFORD, O ASSOCIATED CREDIT SERVICES INC	MA	LEGAL SERVI	CES	(c) Compensation
HILL & BARLOW ONE INTERNATIONAL PLACE, BOSTON, PROTOCOL P O BOX - DEPT 5409, HARTFORD, O ASSOCIATED CREDIT SERVICES INC 180 TURNPIKE ROAD, WESTBORO, MA	MA	LEGAL SERVI	CES	(c) Compensation 302 , 617
HILL & BARLOW ONE INTERNATIONAL PLACE, BOSTON, PROTOCOL P O BOX - DEPT 5409, HARTFORD, O ASSOCIATED CREDIT SERVICES INC 180 TURNPIKE ROAD, WESTBORO, MA VAN RU CREDIT CORPORATION	MA CT	LEGAL SERVI	CES AGENCY AGENCY	(c) Compensation 302 , 617
HILL & BARLOW ONE INTERNATIONAL PLACE, BOSTON, PROTOCOL P O BOX - DEPT 5409, HARTFORD, O ASSOCIATED CREDIT SERVICES INC 180 TURNPIKE ROAD, WESTBORO, MA VAN RU CREDIT CORPORATION	MA CT	LEGAL SERVI	CES AGENCY AGENCY	(c) Compensation 302,617 315,090 228,613
HILL & BARLOW ONE INTERNATIONAL PLACE, BOSTON, PROTOCOL P O BOX - DEPT 5409, HARTFORD, O ASSOCIATED CREDIT SERVICES INC 180 TURNPIKE ROAD, WESTBORO, MA VAN RU CREDIT CORPORATION 1550 N NORTHEAST HIGHWAY PARK R:	MA	LEGAL SERVI	AGENCY AGENCY	(c) Compensation 302,617 315,090 228,613

professional services

Total number of others receiving over \$50,000 for

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

6

Schedule A (Form 990 or 990 ±2)200T Filed 01/23/20 Entered 01/23/20 07 32 ±2875329C 2 Part III Statements About Activities (See page 2 of the instructions) 1 During the year, has the organization attempted to influence national state, or local legislation, inclusive attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total experior incurred in connection with the lobbying activities ► \$ (Must equal amount of Part VI-A, or line i or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-B and a statement giving a detailed described the lobbying activities 2 During the year has the organization, either directly or indirectly, engaged in any of the following acts substantial contributors, trustees, directors officers creators, key employees, or members of their fawith any taxable organization with which any such person is affiliated as an officer director trustee owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement the transactions) a Sale, exchange, or leasing of property?	nses paid in line 38, I-A Other cription of with any imilies, or i, majority explaining	1	Yes	No X
attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total experior incurred in connection with the lobbying activities \(\) \(nses paid in line 38, I-A Other cription of with any imilies, or i, majority explaining	1		х
substantial contributors, trustees, directors officers creators, key employees, or members of their fa with any taxable organization with which any such person is affiliated as an officer director trustee owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement the transactions) a Sale, exchange, or leasing of property?	imilies, or , majority explaining			
a Sale, exchange, or leasing of property?	T 13	Ì	i :	
b Lending of money or other extension of credit?		_2a_	x	
	•	2b		х
c Furnishing of goods, services, or facilities?	•	2c	_x_	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? FORM 9.90, [PART	2d	x	
e Transfer of any part of its income or assets?		20	_	х
Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) Do you have a section 403(b) annuity plan for your employees? Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments	STMT 12	3_4	x	x
Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the inst	ructions)			
The organization is not a private foundation because it is. (Please check only ONE applicable box.) A church convention of churches, or association of churches. Section 170(b)(1)(A)(ii) A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit. (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membersh receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no moi its support from gross investment income and unrelated business taxable income (less section 511 tax) from by the organization that is not controlled by any disqualified persons (other than foundation managers) and sup described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6) if they meet the test of section	general public sip fees, and gros re than 33 1/3% businesses acquit IV-A) ports organizatio	(1)(A)(i	 iv)	
section 509(a)(3)) Provide the following information about the supported organizations (See page 5 of the instructions)				
(a) Name(s) of supported organization(s)	(b) Line from	numb	er	
An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instruc	tions)			

Page 3

	You may use the worksheet in the instructions for					
		(a) 2000	(ь) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts grants, and contributions received (Do					
•	not include unusual grants. See line 28.)	1,735,704	1,359,690	1,306,392	1,265,569	5,667,355
16	Membership fees received ·	1,332,170		1,577,114	1,002,614	5,574,247
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose	24,154,334	<u>37,598,599</u>	29,339,009	22,176,565	113268507
18	Gross income from interest dividends,		, <u> </u>			
	amounts received from payments on securities	1				
	loans (section 512(a)(5)), rents, royalties and					
	unrelated business taxable income (less	1				
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	5,421,808	3,819,669	4,614,110	4,939,146	18,794,733
19	Net income from unrelated business]
	activities not included in line 18			<u></u>	<u> </u>	
20	Tax revenues levied for the organizations			i		
	benefit and either paid to it or expended on]		ļ
	its behalf	_	<u> </u>	 		<u> </u>
21	The value of services or facilities furnished to					
	the organization by a governmental unit					1
	without charge. Do not include the value of					
	services or facilities generally furnished to the	}	}	}	{	
22	Other income Attach a schedule Do not			 		
22	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	32,644,016	44 440 307	36,836,625.	29 383 894	143304842
24	Line 23 minus line 17	8,489,682		7,497,616	7,207,329	30,036,335
25	Enter 1% of line 23	326,440		1	293,839	23,500,500
26		Enter 2% of amount			·	
	Prepare a list for your records to show the i		• • •		· · · · -	
	governmental unit or publicly supported organ	ization) whose total	gifts for 1997 thr	ough 2000 exceed	led the	
	amount shown in line 26a. Do not file this li	ist with your return	Enter the total of	all these excess a	mounts ▶ 26b	
c	Total support for section 509(a)(1) test. Enter line 3	24, column (e)			▶ 26c	
ď	Add Amounts from column (e) for lines 18	1!	•			
	22	2	6b		► 26d	
е	Public support (line 26c minus line 26d total)				► 26e	
1	Public support percentage (line 26e (numerator)	divided by line 26c (d	enominator))		▶ 26f	%
27	Organizations described on line 12 a For amo					
	person," prepare a list for your records to show the			ach year from, each	"disqualified person"	
	•		•		(4007)	
	(2000)(1999)					
Ь	For any amount included in line 17 that was show the name of and amount received for ea	received from each ich vear that was m	person (other than ore than the largor	of (1) the amount	ns"), prepare a list on line 25 for the	vear or (2) \$5,000
	(Include in the list organizations described in h	nes 5 through 11 a	s well as individual	s) Do not file this	list with your retu	rn After computing
	the difference between the amount received a	and the larger amou	int described in (1) or (2), enter the	sum of these diffe	erences (the excess
	amounts) for each year (2000) (1999)		(1008)		NONE(1997)	NON
	(2000) (1000)		(1990)	·		
c	Add Amounts from column (e) for lines 15	5 667 355 1	6 5 574 2	47		
·	17 113,268,50720				▶ 27c	124,510,109
ď		and line 27b total		IONE	▶ 27d	NON
	Public support (line 27c total minus line 27d total)		<u></u>		·	124,510,109
	Total support for section 509(a)(2) test Enter amo	ount on line 23 column	(e)	271 1143	304,842	
	Public support percentage (line 27e (numerator)		• •			86 8848 %
_	Investment income percentage (line 18, column	•	•	ninator))	▶ 27h	_
28	Unusual Grants For an organization described in	n line 10, 11, or 12	that received any ur	nusual grants during		
	prepare a first for your records to show, for each description of the nature of the grant. Do not file to				uis grant and a one	51
	,	, , ,				

Schedule A (Form 990 or 990-EZ) 2001

NOT APPLICABLE

Page 4

Pa	Part V Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)				
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its ch	arter, byławs,	I	Yes	No
	other governing instrument, or in a resolution of its governing body?	. 2	9		
30	• • • • • • • • • • • • • • • • • • • •				
	brochures, catalogues, and other written communications with the public dealing with student admis	i			
	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast	3	0		
31	the period of solicitation for students, or during the registration period if it has no solicitation program	- 1	-		
	that makes the policy known to all parts of the general community it serves?	3	1		
	If "Yes" please describe, if "No," please explain (If you need more space, attach a separate statement		1		-
			1		
					
32	· ·	,.			
	 a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially non 	discriminatory 32	2 a	_	
	basis?	32	,,		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public				
	with student admissions, programs, and scholarships?	32	2c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32	2d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate	statement)			
33	3 Does the organization discriminate by race in any way with respect to	· -			
33	5 Does the organization discriminate by face in any way with respect to				
;	a Students' rights or privileges?	33	3a		
ı	b Admissions policies?	33	зь		
			-		
•	c Employment of faculty or administrative staff?	33	3c		
	d Scholarships or other financial assistance?	33	ا ,		
	- Contractings of other interioral assistance.	33	<u>, u</u>		
	e Educational policies?	33	3 e		
			T		
1	f Use of facilities?	33	3f		
			-		
!	g Athletic programs?	33	<u>3g</u>		
	h Other extracurricular activities?	33	, .		
	The Other extracumental activates.	[-3-3	71		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate	statement)			
		1			
	As Deep the argumentum receive any financial and as asserts as f	_			
34	4a Does the organization receive any financial aid or assistance from a governmental agency?	34	a		
	b Has the organization's right to such aid ever been revoked or suspended?	34	اط		
	If you answered "Yes" to either 34a or b, please explain using an attached statement	[
	· · · · · · · · · · · · · · · · · · ·				
35	, , and an interest of the contract of				
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanatio	n 3:	5 [l	

Schedule A (Form 990 or 990-EZ) 2001

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 14 of
The Education Resources Institute Inc
330 Stuart St. Surte 500
Boston MA 02116

LIST OF CONTRIBUTORS

Description		TOTAL
	s	206 257
	Š	159 184
	\$	131 535
	Š	108 721
	s	94 443
	\$	78 677
	\$	67 598
	\$	43 563
	S	41 347
	\$	35 506
	\$	29 540
	\$	19 313
	S	15 219
	\$	14 837
	S	12 000
	\$	8 081
	\$	4 203
	\$	3 433
	<u> </u>	34 109
TOTAL - Grants & Contracts	\$	1 107 567
Mac Act		(:1385)
LIST OF GRANTS & ALLOCATIONS PAID		1,0177,1684
<u>Description</u>		<u>IOTAL</u>
Chantable Contributions	s	200
Horace Mann School for the Deaf	\$	6 000
Pathways to College		
Wiche	\$	37 500
Matching Gifts Employee Donations/TERI Match	\$	3 090
Other - Miscellaneous	<u>\$</u>	
TOTAL - Grants & Alloc Paid	\$	46 790

Form **45612**90065-LT

Filed 01/23/20 Entered 01/23/20 07:32:51 Depreciation and Amortization (Including Information on Listed Property)

Doc 29-9

1500 2

QMB No. 1545-0172

(Rev March 2002) Department of the Treasury Internal Revenue Service

➤ See separate instructions

Attach to your tax return

Attachment Sequence No

Vamo	e(s) shown on return								luenurying number
THE	EDUCATION RESOURCES IN	NSTITUTE, IN	rc						04-2875329
Busir	ness or activity to which this form relates								
GEN	ERAL DEPRECIATION								
	t I Election To Expense Cer	rtaın Tangıble P	roperty Un	der Sect	on 179				
	Note If you have any liste					ete Part I			
1	Maximum amount See page 2 of the							1	•
-	Total cost of section 179 property place						. ` .	2	
	Threshold cost of section 179 propert				• • • •			3	
4	Reduction in limitation Subtract line 3	•		0-			Ì	4	
5	Dollar limitation for tax year Subtract				amed		·		
5	filing separately, see page 3 of the inst		2010 01 1035, 01					5	
	(a) Description of			(b) Cost (bu	siness use only	(c) Electe	ed cost		
6	(a) Description o	- property		(5) 0031 (50	<u> </u>	7 \-/ =/			,
<u> </u>									
7	Listed property Enter the amount from	n line 29		!	7				,
	Total elected cost of section 179 prop		n column (c)	 Innee 6 and				8	
	Tentative deduction Enter the smaller	-	in column (c),	Allies O allu	•	• •	٠,	<u> </u>	
			00 Form 4563			•	· ·		
10	Carryover of disallowed deduction from	=			• • •\ ••!••• = (-			10	
11	Business income limitation. Enter the					ee instructions)	, }	11_	
	Section 179 expense deduction Add I						- •	12	<u> </u>
	Carryover of disallowed deduction to 2				. 🕨 13				<u> </u>
	Do not use Part II or Part III below for II								
Pa	t II Special Depreciation Al	llowance and Ot	her Depre	ciation (L	o not incli	ude listed pro	perty	<u>) </u>	
14	Special depreciation allowance for cei	rtain property (other	than listed pr	operty) acq	uired after		į		
	September 10, 2001 (see page 3 of th	ne instructions)					1	14_	<u> </u>
15	Property subject to section 168(f)(1)	election (see page 4	of the instruct	ions)			. [15	
16	Other depreciation (including ACRS) ((see page 4 of the ins	structions)		•	<u> </u>	<u>. l</u>	16	200,413
Pa	t III MACRS Depreciation (Do	not include listed			4 of the ins	structions)			
			Sec	tion A					· · · · · · · · · · · · · · · · · · ·
17	MACRS deductions for assets placed	in service in tax yea	ırs beginning t	efore 2001				17	
18	If you are electing under section 168(-		ring the tax				
	year into one or more general asset ac	counts, check here				<u> </u>			
	Section B - Assets Pla	ced in Service	During 200	1 Tax Ye	ar Using t	he General D	eprec	iatio	on System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/invionly - see in	estment use	(d) Recovery period	(e) Convention	(f) Mei	thod	(g) Depreciation deduction
19a	3-year property						<u> </u>		
	5-year property								
	7-year property								
	10-year property								
	15-year property								
	20-year property	,					 		
	25-year property				25 yrs		S/	 L	
			 		27 5 yrs	MM	S/		
n	Residential rental				27 5 yrs	M M	S/		
	property	· · · · · · · · · · · · · · ·	ļ		39 yrs	M M	S/		
•			 		35 yıs	M M	S/		
	Section C - Assets Place	d in Service Di	tring 2004	Tay Vac-	Heina the		 		on System
		a in service Di	7 mg 2001	iak rear	Jany ule	Allemanye I	1		on oystem
	Class life				<u> </u>		S/		
	12-year		 		12 yrs_		S/		
	40-year	f the materials			40 yrs	мм	S/		<u> </u>
	rt IV Summary (See page 6 o)						<u> </u>
	Listed property Enter amount from lin					•		21	
22	Total Add amounts from line 12, lines								
	Enter here and on the appropriate line	es of your return Par	tnerships and	S corporation	ons - see inst	•	. 1	22	200,413

23 For assets shown above and placed in service during the current year,

23

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION					
INT AND DIV. FROM INTEREST IN GOVT SEC	1,983,140.				
OTHER INTEREST AND DIVIDENDS	176,064.				
MOMAT.					
TOTAL	2,159,204.				
	=========				

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION AMOUNT

NET INCOME FROM SUBSIDIARIES 319,527.

NET UNREALIZED GAINS ON INVESTMENTS 60,735.

TOTAL 380,262

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 19 of 290

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN 04-2875329

FYE 06/30/2001

H \COMMON\CCLNT_RZ\TERI\2001\[STMTS XLS]DEP EXP (2)

FORM 990, PART II, LINE 42

ASSET	DEPRECIATION EXPENSE	DEPRECIATION METHOD
EUDAUTURE & EIVTURES	24.000	
FURNITURE & FIXTURES	21,030	STRAIGHT-LINE
MACHINERY & EQUIPMENT	9,389	STRAIGHT-LINE
COMPUTER EQUIPMENT	114,812	STRAIGHT-LINE
SOFTWARE ACQUISITION	45,268	STRAIGHT-LINE
LEASEHOLD IMPROVEMENTS	6,003	STRAIGHT-LINE
LEASED EQUIPMENT	3,911	STRAIGHT-LINE
TOTAL	200,413	

347,957.

12514993

12862950.

29,996.

5,449.

2,001,060. 2,832.

5,500

112,477

112,477.

2,001,060.

8,281. 5,500. 29,996.

THE EDUCATION RESOURCES INSTITUTE, INC.

AND GENERAL

SERVICES

TOTAL

- OTHER EXPENSES

FORM 990, PART II

DESCRIPTION

PROVISION FOR LOAN LOSS RESERV

OUTSIDE CONSULTANTS DATA PROCESSING COSTS

MISCELLANEOUS

ADVERTISING

COLLECTION COSTS

PLACEMENT FEES

AUTOMOBILE

BANK CHARGES

TOTALS

PROGRAM

279,165

8,633,908. 1,448,732. 10,698. 299,786.

8,633,908.

10,698.

33,347

MANAGEMENT

LJM	
1-5	
V01	

4

STATEMENT

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ENTITY'S PURPOSE IS TO ASSIST STUDENTS IN OBTAINING AN EDUCATION WHILE ASSISTING EDUCATIONAL INSTITUTIONS IN PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN. 04-2875329

FYE. 06/30/2001

H \COMMON\CCLNT_RZ\TERI\2001\[STMTS XLS]DEP EXP

FORM 990, PART IV, LINE 57

	ACC. DEPR		
ASSET	COST	6/30/2001	NET
FURNITURE & FIXTURES	10,876	(4,153)	6,723
MACHINERY & EQUIPMENT	11,800	(3,834)	7,966
COMPUTER EQUIPMENT	15,512	(9,843)	5,669
SOFTWARE ACQUISITION	688	(344)	344
LEASEHOLD IMPROVEMENTS	15,587	(10,300)	5,287
LEASED EQUIPMENT	0		0
TOTAL	54,463	(28,474)	25,989

THE EDUCATION RESOURCES INSTITUTE, INC
EIN 04-2875329
FYE 06/30/2001
H\COMMON\CCLNT_AH\EDUC RES\1999\[WORKPAPER2001 xls]990, line54

FORM 990. PART IV. LINE 54. INVESTMENT-SECURITIES

ACCT#	DESCRIPTION	BOY	EOY
100 1200 101	BANKBOSTON-OPERATING	\$4,780,241	\$3,068,364
100 1200 102	BANKBOSTON-LOAN ORIGINAL	\$16,159,274	\$4,453,387
100 1200 103	BANKBOSTON SECURITIES	\$7,062,885	\$11,883,411
100 1200 105	PRUDENTIAL	\$6,885,356	\$5,397,089
100 1200 106	MERRILL LYNCH	\$2,067,319	\$2,163,375
100 1200 107	SOCIETY NATIONAL BANK	\$11,481,059	\$10,040,952
100 1200 109	U S BANK 94 ACCT	\$2,923,686	\$4,288,296
100 1200 110	US BANK 95 ACCT	\$3,415,079	\$8,759,058
100 1200 302	NATIONAL CITY BANK	\$18,371,704	\$13,777 399
100 1300 101	UNREALIZED GAIN/(LOSS)	\$58,012	\$59,643
		\$73,204,615	\$63,890,974
	LESS		
100 1200 101	OPERATING ACCOUNT	(\$4,780,241)	(\$3,068,364)
100 1200 102	LOAN ORIGINATIONS	(\$16,159,274)	(\$4,453,387)
	NET BALANCE	\$52,265,100	\$56.369,223

THE EDUCATIONAL RESOURCES INSTITUTE, INC
EIN 04-2875329
FYE 06/30/2001
H VCOMMONICCLINT_AHIEDUC RES\1999\1WORKPAPER2000 x1s\1999, LINES1

FORM 990, PART IV. LINE 51. OTHER NOTES & LOAN RECEIVABLE

TOTAL	\$29,258,371	\$27,369,514
00 1610 101to100 1610 889 STUDENT LOAN RECEIVABL	\$23,977,501	\$23,550,650
100 183 NOTES RECEIVABLE-TFSI	\$5,280,870	\$3,818,864
100 182 NOTES RECEIVABLE-BS	\$0	\$0
ACCT # DESCRIPTION	BOY	EOY

FORM 990, PART IV - OTHER LIABILITIES

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
LOAN LOSS RESERVE	91,323,580.	91,275,902.
DEFERRED GUARANTEE FEE INCOME	5,362,825.	5,137,565.
DEFERRED - OTHER	949,614.	1,740,996.
INVESTMENT IN SUBSIDIARY	-888,987.	-1,208,514.
TOTALS	96,747,032.	96,945,949.

THE EDGERTPORPORESOURCES OF PARTICIPATE PROPERTY OF 1/23/20 07:32:51 DOC 29-9 69-2895329

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION AMOUNT

NET INCOME FROM SUBSIDIARIES REPORTED IN PART I, LINE 20

TOTAL 319,527.

319,527.

α

04-2875329

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES FORM 990, PART V

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION (COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	Case 19-9
MR. RICHARD A WILEY, ESQUIRE HILL AND BARLOW ONE INTERNATIONAL PLACE BOSTON, MA 02110	DIRECTOR	11,000.	N O N	NONE	0065-LT
DR. ANN S. COLES 10 CHESTNUT STREET BROOKLINE, MA 02146	SEN VP/INF	84,874	NONE	NONE	Filed 01/2
MR PAUL C MCCARTY 37 GRAND STREET CANTON, MA 02021	SR. VP/FIN	123,072.	3,112.	NONE	3/20 E
MR. EDWARD R. PIANA PRES. CREDIT CORP OF N.E. 10 CHRISTY'S DRIVE BROCKTON, MA 02403	DIRECTOR	11,000.	NONE	290 anon	ntered 01/23
MS. SYLVIA SIMMONS LECTURER IN EDUCATION BOSTON UNIVERSITY 19 CLIFFORD STREET BOSTON, MA 02119	DIRECTOR	11,000.	NONE	NONE	3/20 07:32:51
MS BARBARA E TORNOW DIRECTOR OF FINANCIAL AID BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	DIRECTOR	11,000.	NONE	NONE	Doc 29-9
MR M HOWARD JACOBSON	DIRECTOR	11,000.	NONE	NONE	Pg. 27 of

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	Case 19-
SENIOR ADVISOR-BANKER'S TRUST THE PRIVATE ADVISOR SERVICES 46 POWDER HILL WAY WESTBOROUGH, MA 01581					90065-LT
MR ANDRE L BELL VICE-PROVOST & DEAN FOR ENROLLMENT BENTLEY COLLEGE 175 FOREST STREET WALTHAM, MA 02154	DIRECTOR	10,000.	NONE	NONE	Filed 01/23/2
MR. RICHARD B. NEELY 23 RUSSELL STREET MILTON, MA 02186	TR./SR VP	120,572.	3,040	NONE	0 Ente
MS JUDY B HOYT 118 LESLIE ROAD ROWLEY, MA 01969	SR VP/PROJ	NONE	NONE	90 w O V	red 01/23
MR. THOMAS D PARKER 89 WASHINGTON AVENUE CAMBRIDGE, MA 02140	PRESIDENT	135,549	3,523.	NONE	/20 07:32
DR. SHERRY PENNEY CHANCELLOR-UNIVERSITY OF MA-BOSTON 100 MORRISSEY BOULEVARD BOSTON, MA 02125	DIRECTOR	12,000.	NONE	NON	2:51 Doc 2
	GRAND TOTALS	541,067	9,675.	NONE	29-9 Pg. 28 of

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME
LINE	IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED
NO.	IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

THE EDUCATION RESOURCES INSTITUTE, INC. (TERI) WAS INCORPORATED IN JUNE 1985 FOR THE PURPOSES OF AIDING STUDENTS IN ATTAINING AN EDUCATION AND ASSISTING EDUCATIONAL INSTITUTIONS IN PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION. TO ACHIEVE THIS PURPOSE, THE COMPANY FUNCTIONS AS A GUARANTOR OF STUDENT LOANS DISBURSED BY PARTICIPATING LENDING INSTITUTIONS.

IN ADDITION, TERI'S HIGHER EDUCATION INFORMATION CENTER DIVISION RECEIVES FUNDS FROM FEDERAL, STATE AND PRIVATE GRANTS AND THROUGH MEMBERSHIP FEES FROM COLLEGES AND UNIVERSITIES. THESE REVENUES ARE USED TO PROVIDE INFORMATION TO HIGH SCHOOL STUDENTSAND THEIR FAMILIES ABOUT FINANCIAL AID FOR POST-HIGH SCHOOL EDUCATION AND CAREER OPPORTUNITIES.

- 93A FEES RECEIVED IN ACCORDANCE WITH EXEMPT FUNCTION AS A GUARANTOR OF STUDENT LOANS
- 93B REVENUE RECEIVED FROM MISCELLANEOUS SOURCES IN ACCORDANCE WITH EXEMPT PURPOSE.
- 94 MEMBERSHIP FEES FROM COLLEGES AND UNIVERSITIES IN SUPPORT OF EXEMPT FUNCTION ACTIVITIES.

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 30 of 290

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THE EDUCATION RESOURCES INSTITUTE, INC EIN 04-2875329

FYE 06/30/2001

H \COMMON\CCLNT_AH\EDUC RES\1999\[\WORKPAPER2000 \times \1999\], LINE 80

FORM 990, PART VI, LINE 80B

1 TERI FINANCIAL SERVICES, INC

EXEMPT

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 31 of 290

THE EDUCATION RESOURCES INSTITUTE, INC EIN 04-2875329 FYE 06/30/2001 H \COMMON\CCLNT_AH\EDUC RES\1999\[WORKPAPER2000 xls]990, LINE82

FORM 990, PART VI, LINE 82B

THE BOSTON PUBLIC LIBRARY PROVIDES TERI WITH FREE SPACE FOR THE OPERATION OF THE HIGHER EDUCATION INFORMATION CENTER WHICH PROVIDES INFORMATION TO HIGH SCHOOL STUDENTS AND THEIR FAMILIES ABOUT FINANCIAL AID FOR POST-HIGH SCHOOL EDUCATION AND CAREER OPPORTUNITIES THE VALUE OF THIS SPACE IS NOT INCLUDED AS REVENUE OR EXPENSE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

THE ORGANIZATION PAID COMPENSATION TO ITS DIRECTORS FOR SERVICES RENDERED.

THE EDUCATION RESOURCES INSTITUTE, Entered 01/23/20 07:32:51 Doc 29-9 Pg. 33.0f. 290

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

CHARITABLE ORGANIZATIONS QUALIFY FOR RECEIVING GRANTS AND SCHOLARSHIPS FROM THE EDUCATIONAL RESOURCES INSTITUTE, INC. FOR THE FURTHERANCE OF THEIR CHARITABLE PURPOSES OTHER RECIPIENTS QUALIFY BASED ON FINANCIAL NEED AND SCHOLARSHIP

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329

F/Y/E: DECEMBER 31, 2001

Schedule A, Part III, Line 2(a):

The Education Resources Institute ("TERI") leased its office facilities from American Student Assistance ("ASA") under an operating lease that expired effective December 31, 1998. The lease was extended through December 31, 2003. The rent and services paid through June 30, 2001 was \$358,694. Richard Wiley is currently a director of TERI and of ASA.

Schedule A, Part III, Line 2 (c):

Richard Wiley is currently a director of TERI. During the taxable year ended December 31, 2001, TERI paid Hill & Barlow \$302,617 for legal services and expenses provided by the law firm to TERI Mr Wiley is currently a partner of Hill & Barlow

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 35 of 290

Form 8868 (12	2000)	Page 2
• If you are	filing for an Additional (not automatic) 3-Month Extension, complete on	ly Part II and check this box ► X
_	complete Part II if you have already been granted an automatic 3-month	
• If you are	filing for an Automatic 3-Month Extension, complete only Part I (on page	
Part II	Additional (not automatic) 3-Month Extension of Time — Must	· · · · · · · · · · · · · · · · · · ·
Type or	Name of Exempt Organization	Employer identification number
print	THE EDUCATIONAL RESOURCES INSTITUTE, INC	04-2875329
File by the extended	Number, street and room or suite no. If a PO box, see instructions	For IRS use only
due date for filing the	330 STUART STREET	
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOSTON, MA 02013	
Chook turn	of return to be filed (File a separate application for each return)	<u> </u>
X Form 9		orm 1041-A Form 5227 Form 8870
Form 9		orm 4720
	ot complete Part II if you were not already granted an automatic 3-month	
_	nization does not have an office or place of business in the United States, c	 -
• If this is f	r a Group Return, enter the organization's four digit Group Exemption Num	iber (GEN) If this is
	e group, check this box ► ☐ If it is for part of the group, check this box ► nembers the extension is for	and attach a list with the names and
4 I requ	st an additional 3-month extension of time until05/15	, 20 <u>02</u>
-		1 and ending 6/30 20 01
6 If this	ax year is for less than 12 months, check reason 🔲 Initial return 🔲 I	Final return X Change in accounting period
7 State	n detail why you need the extension <u>ADDITIONAL TIME IS NEE</u>	EDED TO GATHER THE
_IN	ORMATION NECESSARY TO FILE A COMPLETE AND A	ACCURATE RETURN.
-		
	ipplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	
	indable credits. See instructions	\$ NONE
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable c	
-	ments made Include any prior year overpayment allowed as a credit and a sly with Form 8868	ny amount paid \$ NONE
-	e Due Subtract line 8b from line 8a Include your payment with this form, or	
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	
ınstru	· · · · · · · · · · · · · · · · · · ·	S NONE
	Signature and Verification	
•	of perjury I declare that I have examined this form including accompanying schedules and staten	nents, and to the best of my knowledge and belief, it is true
correct, and co	plete, and that I am authorized to prepare this form CRIGINA!	
	TALINE V 1 4 11-2W	
Signature >		AND TOUCHE Date▶
	Notice to Applicant — To Be Completed by	the IRS
_	e approved this application. Please attach this form to the organization's return	
	not approved this application. However, we have granted a 10-day grace period from the	
	tion's return (including any prior extensions). This grace period is considered to be a valid a timely return. Please attach this form to the organization's return.	extension of time for elections otherwise required to be
_	e not approved this application. After considering the reasons stated in item 7, we cannot g	rant your request for an extension of time to file. We are
	ling a 10-day grace period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ Weca	not consider this application because it was filed after the due date of the return for which	h an extension was requested
Other_		
	By	
Director		Date
Alternate 6	ailing Address — Enter the address if you want the copy of this application	for an additional 3-month extension
	n address different than the one entered above	
	Name	
	DELOITTE & TOUCHE, LLP ATTN: LYNNE JOH	NSON
Type or	Number and street (include suite, room, or apt no) Or a PO box number	
print	200 BERKELEY STREET	
	City or town, province or state, and country (including postal or ZIP code)	
	BOSTON, MA 02116	

. Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 36 of 290

Form **8868** (December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

		iling for an Automatic 3-Month Extension, complete only Part I and chec			► X
		iling for an Additional (not automatic) 3-Month Extension, complete only			
	Do not 1 8868	t complete Part II unless you have already been granted an automatic 3-	month extensio	n on a previous	ly filed
Par		Automatic 3-Month Extension of Time — Only submit original (no	copies needed))	
		990-T corporations requesting an automatic 6-month extension — check thi			▶ 🗌
		porations (including Form 990-C filers) must use Form 7004 to request an ext			eturns
Partn	erships,	, REMICs and trusts must use Form 8736 to request an extension of time to			
Type	or	Name of Exempt Organization		iployer identificat	ion number
print	1	THE EDUCATION RESOURCES INSTITUTE		1-2875329	
File by due da		Number, street and room or suite no. If a PO box, see instructions			
filing y	our	330 STUART STREET, SUITE 500			
return instruc		City, town or post office, state, and ZIP code. For a foreign address, see instructions BOSTON, MA 02116			
Chas	k tupo o	of return to be filed (file a separate application for each return)			
	orm 990		[7 E/	orm 4720	
=	orm 990			orm 5227	
_	om 990-		=	orm 6069	
	orm 990-		=	om 8870	
=_		nization does not have an office or place of business in the United States, ch		5111 00 0	
	_	r a Group Return, enter the organization's four digit Group Exemption Numb		lf i	Ihis is
		group, check this box ► I If it is for part of the group, check this box ► [
		embers the extension will cover			
1	i request	st an automatic 3-month (6-month, for 990-T corporation) extension of time	until FEBR	UARY 15	20 02
		ne exempt organization return for the organization named above. The extensi		anization's return	
	_	calendar year 20 or			
		tax year beginning JANUARY 1 , 20 01 and ending	JUNE	30	20 01
	- - "			,	
2	If this ta:	ex year is for less than 12 months, check reason 🔲 Initial return 🔲 Fi	inal return [X]	Change in accou	unting period
			_	J	• 7
3a	If this ap	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentat	ive tax, less any		
	nonrefur	ndable credits. See instructions .	-	<u>\$</u>	NONE
		pplication is for Form 990-PF or 990-T, enter any refundable credits and esti	mated tax payme	ents	
		nclude any prior year overpayment allowed as a credit		<u>\$</u>	
		e Due Subtract line 3b from line 3a Include your payment with this form, or		osit	
	with FIL	D coupon or, if required, by using EFTPS (Electronic Federal Ta> Payment S	ystem) See	\$	NONE
	III SU UCUC	Signature and Verification			
Under	penalties o	of perjury I declare that I have examined this form including accompanying schedules and statement	ents, and to the best of	of my knowledge and I	belief it is true
correct	and comp	piete, and that I am authorized to prepare this form		-	
Signati	ure 🟲	Title ▶		Date ►	
For Pa	aperwork	k Reduction Act Notice, see Instruction		Form 88	368 (12-2000)

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form, 990

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 38 of 290 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Fo	r the 2	001 calendar year, or tax year beginning	07/	01 , 20	001, and ending	06/30	/2002
В	ck if applical	Please C Name of organization			·	D Employ	yer identification number
	Address change	I THE EDUCATION RESOURCES INSTITUTE, INC					375329
	Name cher	label or	E Taleph	one number			
	inipal reta	* * * * * * * * * *		·		-	
	Final retur	Seed 330 STUART STREET				(617)	426-0681
	Amended	Instrue City or town, state or country and ZIP + 4		-	<u> </u>	F Accounts	
	Application pending						Other (specify)
	perang	Section 501(c)(3) organizations and 4947(a)(1) nonexer	not char	ıtable	H and I are not ap		ection 527 organizations
		trusts must attach a completed Schedule A (Form 990	•		H(a) Is this a grou	p return for a	affiliates? Yes X No
G W	ob site	►WWW TERI ORG			H(b) If "Yes " ente		
			'(a)(1) or	527	H(c) Are all affiliate	s included?	· /
K C	heck hen		e than \$2	5 000 The	(If "No " attac	halrst See	instructions)
O	rganizatio	on need not file a return with the IRS but if the organization received			H(d) is this a separat organization co		
ın	the mai	it should file a return without financial data. Some states require a comple	ete return	ĺ	I Enter 4-digit (SEN -	N/A
					M Check ▶	X If the	organization is not required
L G	ross rec	aipts Add lines 6b, 8b 9b and 10b to line 12	55,791	,694	to attach Sch	B (Form 99	90 990-EZ or 990-PF)
Par		evenue, Expenses, and Changes in Net Assets or Fund B	alances	(See Spec	fic Instructions	on page 1	6)
		Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a				
	ь	Indirect public support	1b			}	
	С	Government contributions (grants)	1c]	
	d	Total (add lines 1a through 1c) (cash \$	meh \$)	1d	
	2	Program service revenue including government fees and contracts	(from Pa	irt VII. line 93)	2	52,561,303
	3	Membership dues and assessments				3	77,572
	4	Interest on savings and temporary cash investments				4	560,008.
	5	Dividends and interest from securities				5	2,437,191.
	6 a	Gross rents	6a	_		1 1	
	ь	Less rental expenses	[6Ь]			<u> </u>	
	С	Net rental income or (loss) (subtract line 6b from line 6a)				6c	
Revenue	7	Other investment income (describe				7	
Ž	8 a	Gross amount from sales of assets other (A) Secunties	-	(B)	Other	.	
ĕ		than inventory	8 a				
	ľ	Less cost or other basis and sales expenses	8b			∤ ∤	
	1	Gain or (loss) (attach schedule)	8c	155	1650	<u> </u>	
		Net gain or (loss) (combine line 8c columns (A) and (B))				8d	155,620.
	9	Special events and activities (attach schedule)					
	а	Gross revenue (not including \$ of	1. 1				
	1	contributions reported on line 1a)	9a			∤	
	1	Less direct expenses other than fundraising expenses	9Ь			-	
	[Net income or (loss) from special events (subtract line 9b from line	1 1			9c	
	L	Gross sales of inventory less returns and allowances	10a		-	- 1	
	Ь	Less cost of goods sold	105	10 1 1 1 m	1	┦	
	C	Gross profit or (loss) from sales of inventory (attach schedule) (sull Other revenue (from Part VII, line 103)		TUDITOTE IM	٩	10c	
					101	11	
	1	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d 9c, 10c and 1		a 1 20	<u> </u>	12	55,791,694.
ų.		Program services (from line 44, column (B)) Management and general (from line 44, column (C))	MAKI	. <i>Te</i> -	7 12 1	13	46,740,200.
Expenses				DEN.	IT	14	2,221,181.
x pe		Fundraising (from line 44 column (D))	\circ	3DEIN.		16	NONE
Ш	i	Payments to affiliates (attach schedule)		-		17	40 061 301
		Total expenses (add lines 16 and 44 column (A)) Excess or (deficit) for the year (subtract line 17 from line 12)				18	48,961,381.
set		excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund balances at beginning of year (from line 73, colu	ımn /A\\			19	6,830,313. 27,499,137.
Net Assets	1	Net assets or fund balances at beginning of year (from line 73, cold Other changes in net assets or fund balances (attach explanation)	(^/)	STAT 1		20	817,146.
N E	l	Net assets or fund balances at end of year (combine lines 18, 19, a	ind 20)			21	35,146,596.
		ork Reduction Act Notice, see the separate instructions	··			1	Form 990 (2001)
	•	•					•

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	1. 3			, , ,	
	(cash \$ 167,178 _ noncash \$	22	167,178	167,178.	STMT 2	
23	Specific assistance to individuals (attach schedule)	23				1 7 6 3 5
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	1	538,603.		538,603.	}
6	Other salaries and wages	26	1,807,390	1,803,390.	4,000.	
27	Pension plan contributions	27	210,924.	133,887.	77,037.	
8	Other employee benefits	28	143,860	129,754	14,106.	T
29	Payroll taxes	29	163,655	157,426	6,229.	
30	Professional fundraising fees	30				
31	Accounting fees	31	200,379		200,379	
2	Legal fees	32	798,156.	498,966.	299,190.	
3	Supplies	33	55,999.	52,654.	3,345.	
4	Telephone	34	65,617.	61,890.	3,727.	
5	Postage and shipping	35	80,125.	76,639.	3,486.	
6	Occupancy	36	153,733	115,554.	38,179	
7	Equipment rental and maintenance .	37	31,390	28,711.	2,679.	
8	Printing and publications	38	78,497.	66,666.	11,831	
9	Travel	39	137,509.	107,341.	30,168.	
0	Conferences conventions and meetings	40	28,132.	23,711.	4,421	
1	Interest	41			-	
2	Depreciation, depletion, etc. (attach schedule)	42	18,496.	17,409	1,087	
3	Other expenses not covered above (itemize) STMT 3	43a	44,281,738.	43,299,024.	982,714	
b		43b				
C		43c				
d		4 <u>3</u> d				
e		43e				<u> </u>
e	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)(D), carry these bulls by lines 12-15		48 961 381	45.740.200	2.221.181.	NO
e 4	Organizations completing columns (8)-(D), carry these totals to lines 13-15	44	48,961,381. SOP 98-2	46,740,200.	2,221,181.	NOI
e 4	Organizations completing columns (8)(D), carry these totals to lines 13-15 It Costs Check If you are follow	44 ving \$	SOP 98-2		_	·
e 4 loir	Organizations completing columns (8)-(D), carry these totals to lines 13-15	44 ving S	SOP 98-2 aign and fundraising soli		gram services?	► Yes X No
e 4 orr	Creatizations completing columns (B)(D), carry these totals to lines 13-15 It Costs Check If you are follow any joint costs from a combined educational	44 ving s camp	SOP 98-2 aign and fundraising soli sts \$	citation reported in (B) Pro	gram services?	Yes X No
e 4 loir (re: (re:	Creatizations completing columns (B)(D), carry these totals to lines 13-15 It Costs Check If you are followany joint costs from a combined educational as * enter (i) the aggregate amount of these joint amount allocated to Management and ger	44 ving 5 camp int co	SOP 98-2 aign and fundraising soli sts \$	citation reported in (B) Pro , (ii) the amount alloca , and (iv) the amount al	gram services? ated to Program services flocated to Fundraising \$	Yes X No
loir Are: f Yelii) t	Organizations completing columns (B)(D), carry these locals to lines 13-15 It Costs Check If you are follow any joint costs from a combined educational as enter (i) the aggregate amount of these joint costs.	44 ving s camp int co eral \$	SOP 98-2 aign and fundraising solusts \$ Accomplishment	citation reported in (B) Pro , (ii) the amount alloca , and (iv) the amount al	gram services? ated to Program services flocated to Fundraising \$	e 24) Program Service
e 4 Our re: You) t Pa	Creatizations completing columns (B)(D), carry these totals to lines 13-15 It Costs Check If you are follow any joint costs from a combined educational as * enter (i) the aggregate amount of these joint amount allocated to Management and generated Statement of Program Series to the organizations primary exempt purpose	44 ving S camp int co eral \$ VICE	SOP 98-2 aign and fundraising solutions sts \$ Accomplishment	citation reported in (B) Pro , (ii) the amount alloca , and (iv) the amount allos s (See Specific In	gram services? ated to Program services flocated to Fundraising \$ Structions on pag	Yes X No S Program Service Exponsos (Required for 501(c)(3) ar
e 4 our re: 'Y' ha ll + f o	Creatizations completing columns (B)(D), carry those totals to lines 13-15 It Costs Check Information of the property of the costs from a combined educational as "enter (i) the aggregate amount of these property of the compound of the co	44 ving 5 camp int co eral \$ VICE 22 ▶ urpos cuss 6	aign and fundraising solutions in a clear control of the control o	citation reported in (B) Pro, (ii) the amount alloca, and (iv) the amount alloca ts (See Specific In the same and concise manner that measurable (Section	gram services? ated to Program services flocated to Fundraising \$ Structions on pag State the number 1501(c)(3) and (4)	Yes X No S Program Service Exponses (Required for 501(c)(3) ar (4) orgs and 4947(a)(1
e 4 Our You) t Per Vha	Creatizations completing columns (B)(D), carry these totals to lines 13-15 It Costs Check If you are follow any joint costs from a combined educational as * enter (i) the aggregate amount of these joint amount allocated to Management and generated Statement of Program Series to the organizations primary exempt purpose	44 ving 5 camp int co eral \$ VICE 22 ▶ urpos cuss 6	aign and fundraising solutions in a clear control of the control o	citation reported in (B) Pro, (ii) the amount alloca, and (iv) the amount alloca ts (See Specific In the same and concise manner that measurable (Section	gram services? ated to Program services flocated to Fundraising \$ Structions on pag State the number 1501(c)(3) and (4)	Yes X No S Program Service Exponsos (Required for 501(c)(3) ar
e 4 loir loir Y loir Y Wha All e f coorga	Creatizations completing columns (B)(D), carry these totals to lines 13-15 It Costs Check If you are follow any joint costs from a combined educational as * enter (i) the aggregate amount of these joint amount allocated to Management and generated Statement of Program Series to the organizations primary exempt purpose organizations must describe their exempt plients served publications issued, etc. Discrizations and 4947(a)(1) nonexempt charital.	44 ving S camp int co eral \$ Vice 2 urpos cuss a ble tre	aign and fundraising solests \$ Accomplishment STMT + e achievements in a cleachievements that are rusts must also enter the	citation reported in (B) Pro , (ii) the amount alloca , and (iv) the amount alloca is (See Specific In ear and concise manner not measurable (Section amount of grants and a	gram services? ated to Program services flocated to Fundraising \$ Structions on page State the number 1 501(c)(3) and (4) flocations to others)	Yes X No S Program Service Exponsos (Required for 501(c)(3) ar (4) orgs and 4947(a)(1) trusts but optional for
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e 4 our re: 'Ye /ha ill + f	Creatizations completing columns (B)(D), carry these totals to lines 13-15 It Costs Check If you are follow any joint costs from a combined educational as * enter (i) the aggregate amount of these joint amount allocated to Management and geret III Statement of Program Seret is the organizations primary exempt purpose organizations must describe their exempt pulients served publications issued, etc. Disconizations and 4947(a)(1) nonexempt charitative ENTITY ACHIEVES THIS PURILEMENT LOANS	44 ving s camp sint co eral \$ vice or	aign and fundraising solutions is \$ Accomplishment STMT + e achievements in a clear chievements that are rusts must also enter the GRANTS (Grants a (Grants a	citation reported in (B) Pro, (ii) the amount alloca, and (iv) the amount at ts (See Specific In tear and concise manner that measurable (Section amount of grants and a NG_AS_A Ind allocations \$	gram services? ated to Program services flocated to Fundraising \$ Structions on page State the number 1 501(c)(3) and (4) flocations to others)	Yes X No S Program Service Exponses (Required for 501(c)(3) ar (4) orgs and 4947(a)(1 trusts but optional for others)
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e 4 Oir re: Ye Vha Vha oirga	Creatizations completing columns (B)(D), carry these totals to lines 13-15 It Costs Check If you are follow any joint costs from a combined educational as * enter (i) the aggregate amount of these joint amount allocated to Management and gent III Statement of Program Ser is the organizations primary exempt purpose organizations must describe their exempt plients served publications issued, etc. Discriptions and 4947(a)(1) nonexempt charitations and 4947(a)(1) nonexempt charitations. THE ENTITY ACHIEVES THIS PURITY ACHIEVES THE PURITY ACHIEVES THE PURITY ACHIEVES THIS PURITY ACHIEVES THE PURITY ACHIEVES THE PURITY ACHIEVES THE	44 ving s camp int coordinate vice vince	align and fundraising solutions is \$ Accomplishment STMT + e achievements in a clustrative results must also enter the SE BY FUNCTIONI GRANTS (Grants a (Grants a complete of the complete	citation reported in (B) Pro, (ii) the amount alloca, and (iv) the amount alloca tes (See Specific In tear and concise manner that measurable (Section amount of grants and a NG_AS_A Ind allocations \$ Ind allocations \$ Ind allocations \$	gram services? ated to Program services flocated to Fundraising \$ Structions on page State the number 1 501(c)(3) and (4) flocations to others)	Yes X No S Program Service Exponses (Required for 501(c)(3) an (4) orgs and 4947(a)(1) trusts but optional for
e 4 Oir re: Y/ha /ha /ha /ha /ha /ha /ha /ha /ha /ha	Creatizations completing columns (B)(D), carry these totals to lines 13-15 It Costs Check If you are follow any joint costs from a combined educational as * enter (i) the aggregate amount of these joint amount allocated to Management and gent III Statement of Program Ser is the organizations primary exempt purpose organizations must describe their exempt plients served publications issued, etc. Discriptions and 4947(a)(1) nonexempt charitations and 4947(a)(1) nonexempt charitations. THE ENTITY ACHIEVES THIS PURITY ACHIEVES THE PURITY ACHIEVES THE PURITY ACHIEVES THIS PURITY ACHIEVES THE PURITY ACHIEVES THE PURITY ACHIEVES THE	ying S camp int co camp int co caral \$ vice r pos cass cass cass cass cass cass cass ca	align and fundraising solutions is \$ Accomplishment STMT + e achievements in a cle achievements that are rusts must also enter the SE BY FUNCTIONI GRANTS (Grants a (Grants a (Grants a)	citation reported in (B) Pro , (ii) the amount alloca , and (iv) the amount alloca is (See Specific In ear and concise manner not measurable (Section amount of grants and a NG AS A Ind allocations \$ Ind allocations \$ Ind allocations \$ Ind allocations \$	gram services? ated to Program services flocated to Fundraising \$ Structions on page State the number 1 501(c)(3) and (4) flocations to others)	Yes X No S Program Service Exponses (Required for 501(c)(3) and 4947(a)(1) trusts but optional for others.)

Page 3

Part IV	Balance Sheets	(See Specific	Instructions on	page 24)
		(F-3 /

Note	Where required, attached schedules and amount column should be for end-of-year amounts only	s within the description	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing		-264,706	45	15,150,761
46	Savings and temporary cash investments		15,739,806	46	11,701,085
47a	Accounts receivable	47a 16,521,110			
ь	Less allowance for doubtful accounts	47b	27,476,901.	47c	16,521,110
		\$,	
48a	Pledges receivable	48a		J4	
Ь	Less allowance for doubtful accounts	486		48c	
49	Grants receivable	ļ		49	
50	Receivables from officers, directors, trustees, and	d key employees)	
	(attach schedule)			50	
51a	Other notes and loans receivable (attach	, ,		[2]	
	schedule) 51/1/15A	51a 33,563,505			
52	Less allowance for doubtful accounts	[51b]	27,369,514	51c	<u>33,563,505</u>
	Inventories for sale or use	<u> </u>		52	
53	Prepaid expenses and deferred charges		185,816	53	84,886
54	Investments - securities (attach schedule) STMT	5 ▶ Cost X FMV	56,369,223	54	42,495,191
55a	Investments - land, buildings, and	lee I		20	
١.	equipment basis	55a			
b	Less accumulated depreciation (attach	FEL		, s' a	
5.0	schedule)	55b		55c	· · · · ·
	Investments - other (attach schedule)	57a 68,229		-	
1	Land, buildings, and equipment basis Less accumulated depreciation (attach	57a 68,229.		1,14	
	schedule) Start SA	57b 46,971	25,989	57c	21 250
58	Other assets (describe >	310 40,5/11	23,989	58	21,258
30	Cities assets (describe	- '			
59	Total assets (add lines 45 through 58) (must eq	ual line 74)	126,902,543	59	119,537,796
60	Accounts payable and accrued expenses	-	<u>2,457,457.</u>		2,790,377
61	Grants payable	-		61	· · · · · · · · · · · · · · · · · · ·
62	Deferred revenue	-		62	
63	Loans from officers, directors, trustees, and key	employees (attach		5° m 80	
63 64a	schedule)	-		63	
1	Tax-exempt bond liabilities (attach schedule)	•		64a	
	Mortgages and other notes payable (attach sche	T T		64b	
65	Other liabilities (describe ►	STMT 6)	96,945,949	65	81,600,823
66	Total liabilities (add lines 60 through 65)		99,403,406	66	84,391,200
Orga	inizations that follow SFAS 117, check here ▶	x and complete lines		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	67 through 69 and lines 73 and 74			,*,%	
67	Unrestricted	-	12,330,470	67	19,820,464
67 68 69 Orga	Temporarily restricted	-	13,168,667.	68	13,326,132
69	Permanently restricted	ere > and	2,000,000.	69	2,000,000
Orga	nizations that do not follow SFAS 117, check h complete lines 70 through 74		F 3		
70	Capital stock, trust principal, or current funds		!	70	
	Paid-in or capital surplus, or land, building, and e	equipment fund		71	
1	Retained earnings, endowment, accumulated inc	- T-		72	
72 73	Total net assets or fund balances (add lines 67				
71 72 73	70 through 72,	unough oa Ort Illies			
	column (A) must equal line 19, and column (B) m	ust equal line 21\	27,499,137	المان معا 73	35,146,596
74	Total liabilities and net assets / fund balances (126,902,543	74	119,537,796	
1 1 7	Loren naminnes and net assers (Intid palauces (add illiga do alia (a)	144,304,373		136

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 41 of 290 Form 990 (2001) 04-2875329 Page 4 Part IV-A Reconciliation of Revenue per Audited Part IV-B Reconciliation of Expenses per Audited Financial Statements with Revenue per Financial Statements with Expenses per Return (See Specific Instructions, page 26) Return Total revenue, gains, and other support Total expenses and losses per per audited financial statements audited financial statements 56,401,056. а 48,961,381 Amounts included on line a but not Amounts included on line a but not on on line 17, Form 990 line 12, Form 990 (1) Donated services (1) Net unrealized gains and use of facilities \$ on investments (2) Donated services (2) Prior year adjustments reported on line 20 and use of facilities Form 990 (3) Recoveries of prior year grants (3) Losses reported on line 20, Form 990 (4) Other (specify) (4) Other (specify) 609,362. 609,362 Add amounts on lines (1) through (4) ▶ Add amounts on lines (1) through (4) \triangleright b Line a minus line b Line a minus line b C 48,961,381. C 55,791,694. Amounts included on line 17. Amounts included on line 12, Form 990 but not on line a Form 990 but not on line a (1) Investment expenses (1) Investment expenses not included on line not included on line 6b Form 990 6b, Form 990 (2) Other (specify) (2) Other (specify) **▶** d Add amounts on lines (1) and (2) Add amounts on lines (1) and (2) Total expenses per line 17, Form 990 Total revenue per line 12, Form 990 (line c plus line d) 48,961,381. (line c plus line d) 55,791,694 Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26) (B) Title and average (C) Compensation (D) Contributions to (E) Expense hours per week (If not paid, enter oyee benefit plans 8 account and other (A) Name and address devoted to position 0-) deferred compensation ellowances NONE 538,603 SEE STATEMENTS 8-9 <u> 18,393</u> 75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your X No organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes" attach schedule - see Specific Instructions on page 27 Form **990** (2001)

•	Case 19-90065-L1 Filed 01/23/20 Efficied 01/23/20 07.32.51 D0C 29-9 Pg. 4.	2 01		
	m 990 (2001)			Page
ŀ	Irt VI , Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	<u> </u>	<u>_x</u> _
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	<u> </u>	X
	If "Yes " attach a conformed copy of the changes	-	}	Ť
78 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
t	o If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	<u>'A</u>
79	Was there a liquidation dissolution termination or substantial contraction during the year? If "Yes " attach a statement	79		X
80 a	s is the organization related (other than by association with a statewide or nationwide organization) through common	1		1
	membership governing bodies trustees officers etc to any other exempt or nonexempt organization?	80a	X	ļ
b	of "Yes" enter the name of the organization TERI FINANCIAL SERVICES, INC.		ĺ	1
	and check whether it is X exempt OR nonexempt			
81 a	Enter direct or indirect political expenditure. See line 81 instructions. 81a NONE	4		1
t;	Old the organization file Form 1120-POL for this year?	81b		Х
8 2 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a	X	<u> </u>
ь	o If "Yes," you may indicate the value of these items here. Do not include this amount			ŧ
	as revenue in Part I or as an expense in Part II (See instructions in Part III)]		t
8 3a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<u> </u>	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	_ X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N	MA
þ	of "Yes" did the organization include with every solicitation an express statement that such contributions			1
	or gifts were not tax deductible?	845	N/	A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/	A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			ļ,
	received a waiver for proxy tax owed for the prior year		,	
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A	}		1
٥	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			ł
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
9	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		х
h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable			
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		x
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			1
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			1
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A			1
þ	Gross income from other sources (Do not net amounts due or paid to other		}	i
	sources against amounts due or received from them) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		х
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ NONE , section 4912 ▶ NONE , section 4955 ▶ NONE	, ,]	1
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes " attach	ł		ĺ
	a statement explaining each transaction	89b		х
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955 and 4958			NON
d	Enter Amount of tax on line 89c above, reimbursed by the organization			NON
90 a	List the states with which a copy of this return is filed MASSACHUSETTS			
Ь	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90ь	49	
91	The books are in care of ► ROSALYN BONAVENTURE Telephone no ► (617) 5	<u> 56-0</u>	536	
	Located at ▶ 31 ST. JAMES AVE, BOSTON MA ZIP+4 ▶ 02116			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here)	▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year		N/A	

Form 990 (2001)

		. /0		
	3/A	%		
		%		
•		%		
Part X Ini	formation Regarding Transfers Ass	sociated with Personal B	enefit Contracts (See Sp	ecific Instructions on page 33)
(a) Did the or	ganization during the year receive any fund	is, directly or indirectly, to pay pr	emiums on a personal benefit of	contract? Yes X No
(b) Did the o	organization, during the year, pay premi	ums, directly or indirectly, o	n a personal benefit contra	act? Yes X No
Note If "Yes	to (b), file Form 8870 and Form 4720 (see instructions)		
Please Sign Here	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete Declare that I have an accomplete Declare that I have a support of the supp	claration of preparer (other than office	npanying schedules and statement or) is based on all information of who	/03
Paid Preparer's Use Only	if self-employed), ONE POST O	HOUSECOOPERS LLP FFICE SQUARE	Check if self-self-self-self-self-self-self-self-	Preparer a SSN or PTIN (See Gen Inet W) 13-4008324
	address and ZIP + 4 BOSTON, MI	A	02109 no P	617-478-5000

Form 990 (2001)

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SCHEDULE A

Organization Exempt Under Section 501(c)(3)

(See page 1 of the instructions List each one If there are none, enter "None")

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasurv Internal Revenue Service Name of the organization

Part I

(Form 990 or 990-EZ)

Employer identification number

OMB No 1545-0047

THE EDUCATION RESOURCES INSTITUTE, INC. 04-2875329

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
A. IRIATE	EXECUTIVE DIRECTOR	L		
THE ED. RESOURCES INST. INC				_
330 STUART ST, BOSTON MA	37.5 HRS	91,216.	11,918.	NONE
		n=		
M. BEATTY	mngr-bankruptcy di	PT		
THE ED. RESOURCES INST. INC.	55 5 55 5	05 750	0.056	WALTER AND ADDRESS OF THE PARTY
330 STUART ST, BOSTON MA	37.5 HRS	85,152.	9,85 <u>6</u> .	NONE
D. YAMEEN	ASSOC DIRECTOR		1	
THE BD. RESOURCES INST. INC.	August Director		1	
330 STUART ST, BOSTON MA	37.5 HRS	57,1 4 6.	5,067.	NONE
330 SIOARI SI, BOSION NA	57.5 IRS	37,220.		NON2
J. KILSON-PAGE	ASSOC DIRECTOR			
THE ED. RESOURCES INST. INC.				
330 STUART ST, BOSTON MA	37.5 HRS	55,435.	9,188.	NONE
330 DIGIME 52, 2001011 121		.50,100	2,12,2,5	
R. MCCORMICK	RECOVERY SPECIALIS	T		
THE ED. RESOURCES INST INC.				
330 STUART ST, BOSTON MA	37.5 HRS	51,573.	8,163.	NONE
Total number of other employees paid over			, <u> </u>	
\$50 000	▶ 2		•	•
Part II Compensation of the Five Hig (See page 2 of the instructions Li	hest Paid Indepensteach one (whethe	dent Contractor individuals or fir	rs for Professions) If there are no	nal Services one, enter "None ")
(a) Name and address of each independent contractor p	aid more than \$50 000	(b) Туре	of service	(c) Compensation
FIRST MARBLEHEAD EDU RES, INC.		_		
31 ST. JAMES AVE, BOSTON, MA 0211	L <u>6</u>	OPERATIONAL	svcs	14191953.
TERI MARKETING SVC, INC.		_		
31 ST. JAMES AVE, BOSTON MA 02116	j	OPERATIONAL	svcs	1,011,917.
ZWICKER & ASSOCIATES, P.C				
3 RIVERSIDE DRIVE, N. ANDOVER, MA	01810	COLLECTION	AGENCY	626,005.
VAN RU CREDIT CORPORATION		-		
1550 N NE HWY STE 335, PARK RIDG	E, IL	COLLECTION	AGENCY	516,648.
PROTOCOL		_		
P.O. BOX - DEPT 5409 HARTFORD, CT		PHONE CALL	CENTER	486,686.
Total number of others receiving over \$50,000 for professional services				
professional services	>	<u> </u>		

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pa. 45 of 290 04-2875329 Schedule A (Form 990 or 990-EZ) 2001 Part III Statements About Activities (See page 2 of the instructions) Yes No During the year has the organization attempted to influence national state, or local legislation including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ NONE (Must equal amount on line 38, Part VI-A or line i or Part VI-B) 1 х Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities During the year has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees directors, officers, creators key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer director trustee majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) Sale exchange or leasing of property? х 2a Lending of money or other extension of credit? 2b Х Furnishing of goods services or facilities? 2c TORM 990 PY Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)? 2d Transfer of any part of its income or assets? 2е х 3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below.) х Do you have a section 403(b) annuity plan for your employees? Х Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants 5+~+or loans from it in furtherance of its charitable programs "qualify" to receive payments Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) The organization is not a private foundation because it is (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i) 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V) 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) 8 A Federal state or local government or governmental unit. Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A) 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2001

Pa	t IV-A Support Schedule (Complete only if)	you checked a box or	n line 10 11, or 12)	Use cash method of a	ccounting	
Note	You may use the worksheet in the instructions for c	onverting from the ac	crual to the cash met	hod of accounting	· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)		(p) Srxxx	(c) 199 9	(d) 1998	(e) Total
15	Gifts, grants, and contributions received (Do	5+wb period				
	not include unusual grants See line 28) 5+ 12	1,077,684	1,735,704	<u>1,359,690</u> .	1,306,392.	5,479,470
16	Membership fees received	507,320	1,323,170	1,622,349.	1,577,114.	5,029,953
17	Gross receipts from admissions merchandise				•	
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose	8,718,690	24,154,334	37,598,599.	29,339, <u>0</u> 09.	99,810,632
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents royalties and				i	
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	2,159,204	5,421,808	3,819,669.	4,614,110.	16,014,791
19	Net income from unrelated business					
	activities not included in line 18		<u> </u>			 -
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					
21	The value of services or facilities furnished to	'			İ	I I
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the					
22	public without charge Other income Attach a schedule Do not			_		
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	12,462,898.	32-635-016	44,400,307	36,836,625.	126334846
24	Line 23 minus line 17	3,744,208	i	6,801,708.	7,497,616.	26,524,214
25	Enter 1% of line 23	124,629	326,350		368,366	
26		Enter 2% of amount				
b	Prepare a list for your records to show the na					
	governmental unit or publicly supported organiz					
	amount shown in line 26a. Do not file this list	t with your return	Enter the total of	all these excess ar	nounts > 26 b	
C	Total support for section 509(a)(1) test. Enter line 24	, column (e)			▶ 26c	
d	Add Amounts from column (e) for lines 18	19				
	22	26	b	<u></u>	▶ 26d	
e	Public support (line 26c minus line 26d total)				▶ 26e	
	Public support percentage (line 26e (numerator) d	ivided by line 26c (de	enominator))		▶ 26f	%
27	Organizations described on line 12 a For amou				•	
	person," prepare a list for your records to show the r Do not file this list with your return. Enter the sum			ach year from, each "	disqualified person "	
	• • • • • • • • • • • • • • • • • • • •		•			
	(2000) (1999)					
ь	For any amount included in line 17 that was re- show the name of, and amount received for each					
	(Include in the list organizations described in line					
	the difference between the amount received an	d the larger amour	nt described in (1)	or (2), enter the	sum of these diffe	rences (the excess
	amounts) for each year		(1009)		/1007\	
	(2000)(1999)		(1990)		(1997)	
_	Add Amounts from column (e) for lines 155	: 479 470 16	5 029 95	เว		
Ū	1799,810,63220	7, 173,170. 21	3,023,33	<u>,,,</u>	► 27c	110,320,055.
d	Add Line 27a total				▶ 27d	
	Public support (line 27c total minus line 27d total)	and 1110 270 (Old)				110,320,055.
f	Total support for section 509(a)(2) test Enter amour	at on line 23, column (e)	▶ 27f 126		,
g	Public support percentage (line 27e (numerator) d	•	•	F (-1. 120		87.3235 %
_	Investment income percentage (line 18, column (e	• •	••	nator))		12 6765 %
28	Unusual Grants For an organization described in I	line 10 11 or 12 th	nat received any uni	usual grants during	1997 through 2000	-
	prepare a list for your records to show, for each y description of the nature of the grant. Do not file this				ne grant, and a brief	Ī
	and provide the major of the grant be not ine this	wan your recurr	. 20 not moldde me	es granta in illia 13	Sahadula A /Form	n 990 or 990-F7) 2001

04-2875329

Schedule A (Form 990 or 990-EZ) 2001

NOT APPLICABLE

Page 4

Pa	Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
• •	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			-
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			Ī
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		1	
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
t	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
•	with student admissions, programs, and scholarships?	32c		
c	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	`	!	-
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
Ь	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		!
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		·
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		,		
		1]	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b	ļ	
-	If you answered "Yes" to either 34a or b, please explain using an attached statement	-		
9 F	Dogs the assessment as earlies to be a general with the second of the se		}	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No " attach an explanation."	35		
		'		

_	redule A (Form 990 or 990-				04-28		Page 3
P			cting Public Charitie				
<u>Ch</u>			eligible organizatio	•	n 5/68) NOT APPLICA	BLE
	h 	-	js to an anniated group imited control" provisio				
<u> </u>	L	ımıts on Lobbyin	g Expenditures			(a) Affiliated group lotals	(b) To be completed for ALL electing
_	_ 		is amounts paid or incu			 	organizations
	Total lobbying expendi		• •=		36		
37 38	Total lobbying expendi Total lobbying expendi		•	iobbying)	38	· - · - · · · · · · · · · · · · · · · ·	<u> </u>
39	Other exempt purpose	•	id 37)		39		
40	Total exempt purpose	•	es 38 and 39)		40		
41				table -			
	If the amount on line		bbying nontaxable ar				
	Not over \$500 000	20% of	the amount on line 40)			-
	Over \$500,000 but not over	\$1 000 000 \$100 0	00 plus 15% of the excess	over \$500 000			
	Over \$1 000 000 but not ov	er \$1 500 000 \$175 0	00 plus 10% of the excess	over\$1 000 000	41		
	Over \$1 500 000 but not ov	er \$17 000 000 \$225 0	00 plus 5% of the excess o	ver \$1 500 000		:	
	Over \$17 000 000	\$1 000		J	:		١
42				00	42		
43	Subtract line 42 from I Subtract line 41 from I			~	43		
44	Subtract line 4 i from i	ine 36 Enter -U- ir iin	e 4 i is more man line	30	44		· · · · · · · · · · · · · · · · · · ·
	Caution If there is an	amount on either line	43 or line 44 you mus	st file Form 4720			
-	Dadion in anoto to div		r Averaging Period)	
	(Some organizati		ion 501(h) election do				below
	·		ons for lines 45 throug				
			Lobbying Expendi	tures Durina 4	-Year <i>f</i>	veraging Period	
	Calendar year (or fiscal	(a) 2001	(b) 2000	(c) 1999		(d) 1998	(e) Total
}	year beginning in) ► Lobbying nontaxable	2001	2000	1933		1330	Total
45	amount • -						
	Lobbying ceiling amount						
46	(150% of line 45(e))						
<u>47</u>	Total lobbying expenditures						
	Grassroots nontaxable			ļ			
<u>48</u>	amount					·	· · · · · · · · · · · · · · · · · · ·
	Grassroots ceiling amount				1	,	
<u>49</u>	(150% of line 48(e))	<u> </u>					
	Grassroots lobbying						
	expenditures Int VI-B Lobbying A	ctivity by Nonelect	ing Public Charities	ı		!	
LE.			ations that did not co		A) (See	e page 12 of the in	structions)
Dur	ing the year did the organi						
	mpt to influence public opi					Yes No	Amount
a	Volunteers					х	
b	Paid staff or managem	ent (Include compen	sation in expenses repo	orted on lines c th	rough I	n) <u>X</u>	•
C	Media advertisements					x	NON
d	Mailings to members, i	=				x	NON
e	Publications, or publish					<u> </u>	NONI
f	Grants to other organiz		- T			<u> </u>	NONI
g	Direct contact with legi					X	NON
h	· · - · · · · · · · · · · · · · · · · ·			s, or any other me	eans	X	NON
i	Total lobbying expendit	•	= -	- حديد معمم الممار	ا دا مطوای	hung setuation	NONE
	If Yes to any of the a	oove, also altach a s	taternent giving a deta	neu description o	4 UIC 100		Form 990 or 990-EZ) 2001

		290		
	orm 990 or 990-EZ) 2001	Topofor To and Topographene	04-2875329	Page
Part VII	Exempt Organizations	Transfers To and Transactions a (See page 12 of the instructions)	·	
		tly or indirectly engage in any of the fo		
		ion 501(c)(3) organizations) or in secti	• .	
a transfers		zation to a noncharitable exempt organ	IZATION OI	Yes No
• • •	er assets			51a(i) X
b Other tra				a(II) X
		with a noncharitable exempt organization	20	b(i) x
	•	oncharitable exempt organization	<i>7</i> 11	b(i) X
	ital of facilities, equipment,	· –		b(III) X
• •	mbursement arrangements			p(iv) X
• •	ns or loan guarantees			b(v) X
= =		embership or fundraising solicitations		b(vi) X
		ling lists, other assets, or paid employed	es	c x
_		s," complete the following schedule. Columi	•	t value of the
		y the reporting organization. If the organizat		
transaction	n or sharing arrangement, sho	ow in column (d) the value of the goods, other	er assets, or services received	
(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions	and sharing arrangements
			1	
N/A				
				•
			-	
				_
		- -		
			<u> </u>	. .
	<u> </u>		<u> </u>	
describe	-	ctly affiliated with, or related to, one of Code (other than section 501(c)(3)) or edule		► Yes X No
Na	(a) ime of organization	(b) Type of organization	(c) Description of rela	ationship
		,, ,		·
N/A			•	
	•			
	· · · · · · · · · · · · · · · · · · ·			
			<u> </u>	
-				
	·			
			 	
		t .	1	

The Education Resources Institute, Inc.

04-2875329

FYE: 06/30/2002

FORM 990, PART I, LINE 8

THE SALE OF FIXED ASSETS

155,620

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	FORM	990,	PART	I	-	OTHER	INCREASES	IN	FUND	BALANCES
--	------	------	------	---	---	-------	-----------	----	------	----------

DESCRIPTION	AMOUNT
INVESTMENTS IN SUBSIDIARIES	609,362.
PRIOR YEAR ADJUSTMENT	207,784.
	TOTAL 017 146
	TOTAL 817,146.

THE EDUCATION RESOURCES INSTITUTE, INC		04-2875329		٠
FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR	IG THE YEAR		•	•
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•	Case
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT	e 19-
GRANTS PAID				90065
MISC GRANTS			17,178	-LT
GREATER MILWAUKEE FOUNDATION 1020 NORTH BROADWAX MILWAUKEE, MI 53202	TO ESTABLISH COLLEGE : PROVIDE FREE ADVISING	E INFORMATION/ACCESS CENTERS THAT	75,000	Filed 01/23
JAPANESE COMMUNITY YOUTH COUNCIL	TO ESTABLISH COLLEGE PROVING FREE ADVICTM	INFORMATION/ACCESS CENTERS THAT	75,000	3/20
1596 POST STREET SAN FRANCISCO, CA 94109-6511	794.	ADVIBLING BERVICES TO INNER-CITY YOUTH	1 1 1 1 1 1 1	Ente
		TOTAL CONTRIBUTIONS PAID	167,178	red 0 290
)1/23/20
				0 07:32
				2:51
				Doc 29-9
				Pg. 52 of

STATEMENT 2

The Education Resources Institute, Inc.

04-2875329

FYE: 06/30/2002

FORM 990, PART II, LINE 42 & PART IV, LINE 57

FURNITURE & FIXTURES	12,100
MACHINERY & EQUIPMENT	17,930
COMPUTER REQUIPMENT	20,685
SOFTWARE ACQUISITION	1,927
LEASEHOLD IMPROVEMENTS	15,587
	68,229
LESS ACCUMULATED DEPRECIATION	(46,971)
	21,258

DEPRECIATION EXPENSE FOR THE YEAR ENDED JUNE 30, 2002 WAS \$18,496

THE EDUCATION RESOURCES INSTITUTE, INC.

V01-7
06:26:30
12/2003
377 05/
TQ4163 7

ო

STATEMENT

PROGRAM MANAGEMENT TOTAL SERVICES AND GENERAL	23102882. 23102882. 1,449,595. 937,465. 512,130. 14979148. 14681002. 298,146. 87,181. 504,738. 431,178. 73,560. 15,899. 9,699. 6,200. 4,129,031. 4,129,031. 9,264. 3,767. 5,497.	432
FORM 990, PART II - OTHER EXPENSES	PROV. FOR LOAN LOSS RESERVE OUTSIDE CONSULTANTS PROFESSIONAL FEES BANK CHARGES MISCELLANEOUS ADVERTISING COLLECTION COSTS AUTOMOBILE PLACEMENT FEES	TOTALS

* Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 55 of THE EDUCATION RESOURCES INSTITUTE, 1480 04-2875329

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ENTITY'S PURPOSE IS TO ASSIST STUDENTS IN OBTAINING AN EDUCATION WHILE ASSISTING EDUCATIONAL INSTITUTIONS IN PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION.

The Education Resources Institute, (0/30/02	Inc.	04-2875329
FORM 990, PART IV LINE 51		
	воу	EOY
NOTES RECEIVABLE - TFSI	3,818,864	1,100,864
NOTES RECEIVABLE - FMC	NONE	7,305,348
STUDENT LOANS RECEIVABLE	23,550,650	25,157,293
TOTAL	27,369,514	33,563,505

* Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 57 of THE EDUCATION RESOURCES INSTITUTE, 1880. 04-2875329

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
MARKETABLE SECURITIES GOVERNMENT AGENCY OBLIGATIONS COMMERCIAL PAPER CERTIFICATES OF DEPOSIT BONDS	29,111,170. 9,026,754. 2,206,396. 2,150,871.
TOTALS	42,495,191.

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FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
LOAN LOSS RESERVE DEFERRED GUARANTEE FEE INCOME INVESTMENT IN SUBSIDIARY ACCRUED PENSION LIABILITY DEFERRED REVENUE	75,228,737. 6,704,169. -1,817,875. 327,635. 1,158,157.
TOTALS	81,600,823.

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THE EDUCATION RESOURCES INSTITUTE, INC.

O4-2875329

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

INVESTMENT IN SUBSIDIARIES

609,362.

609,362.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

THE EDUCATION RESOURCES INSTITUTE, INC.

Case 19-9	0005-L1 F	-IIeu 01/23/20	290	3/20 07.32.51	D00 29-9	Pg. 60
EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NON	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NON	NONE
COMPENSATION	22,000.	38,000	46,000	41,500.	17,000.	14,000.
TITLE AND TIME DEVOTED TO POSITION	DIRECTOR 7 HRS/WK	DIRECTOR 7 HRS/WK	CHAIR 7 HRS/WK	DIRECTOR 7 HRS/WK	DIRECTOR 7 HRS/WK	DIRECTOR 7 HRS/WK
NAME AND ADDRESS	HOWARD JACOBSON THE EDUCATION RESOURCES INSTITUTE, INC. 330 STUART STREET		DR. SHERRY PENNEY THE EDUCATION RESOURCES INSTITUTE, INC. 330 STUART STREET BOSTON, MA 02116	DR SYLVIA Q. SIMMONS THE EDUCATION RESOURCES INSTITUTE, INC. 330 STUART STREET BOSTON, MA 02116	EDWARD PIANA THE EDUCATION RESOURCES INSTITUTE, INC. 330 STUART STREET BOSTON, MA 02116	ANDRE BELL

THE EDUCATION RESOURCES INSTITUTE, INC.

TRUSTEES
AND
DIRECTORS,
OFFICERS,
OF
LIST
1
PART V
, 066
FORM

Case 19-30003-L1	i ileu oi/23/	290 Entered	01/23/20 07.3	12.31 DUC 23	-9 Fg. (
EXPENSE ACCT AND OTHER . ALLOWANCES	NONE	NONE	NON	NONE	NON II
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	15,488.	2,905.	NON	18,393.
COMPENSATION	45,000. F	oc162,630.	×√ ^{at)} 152,473.	NONE	538,603.
TITLE AND TIME DEVOTED TO POSITION	DIRECTOR 7 HRS/WK ACANG PRESIDENT AS OF	SR V.P. FOR EDU INFO DAC162,630. 37.5 HR/WK	PRESIDENT G1/01/01-04/39/01) _{152,473.} 37.5 HR/WK	CLERK 7 HRS/WK	GRAND TOTALS
NAME AND ADDRESS THE EDUCATION RESOURCES INSTITUTE, INC. 330 STUART STREET BOSTON, MA 02116	RICHARD A. WILEY, ESQ THE EDUCATION RESOURCES INSTITUTE, INC. 330 STUART STREET BOSTON, MA 02116	ANN S. COLES THE EDUCATION RESOURCES INSTITUTE, INC. 330 STUART STREET BOSTON, MA 02116	THOMAS D. PARKER THE EDUCATION RESOURCES INSTITUTE, INC. 330 STUART STREET BOSTON, MA 02116	FRED WILLIAM THE EDUCATION RESOURCES INSTITUTE, INC. 330 STUART STREET BOSTON, MA 02116	

THE EDUCATION RESOURCES INSTITUTE, INC EIN 04-2875329 FYE 06/30/2002

FORM 990 PART VI. LINE 82B

THE BOSTON PUBLIC LIBRARY PROVIDES TERI WITH FREE SPACE FOR THE OPERATION OF THE HIGHER EDUCATION INFORMATION CENTER WHICH PROVIDES INFORMATION TO HIGH SCHOOL STUDENTS AND THEIR FAMILIES ABOUT FINANCIAL AID FOR POST-HIGH SCHOOL EDUCATION AND CAREER OPPORTUNITIES THE VALUE OF THIS SPACE IS NOT INCLUDED AS REVENUE OR EXPENSE

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FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES ______

EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME LINE NO.

IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

93-94

THE EDUCATION RESOURCES, INC. (TERI) WAS INCORPORATED IN JUNE 1985 FOR THE PURPOSES OF AIDING STUDENTS IN ATTAINING AN EDUCATION AND ASSISTING EDUCATIONAL INSTITUTIONS IN PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION. TO ACHIEVE THIS PURPOSE THE COMPANY FUNCTIONS AS A GUARANTOR OF STUDENT LOANS DISBURSED BY PARTICIPATING LENDING INSTITUTIONS. IN ADDITION, TERI'S HIGHER EDUCATION INFORMATION CENTER DIVISION RECEIVES FUNDS FROM FEDERAL, STATE AND PRIVATE GRANTS AND THROUGH MEMBERSHIP FEES FROM COLLEGES AND UNIVERSITIES. THESE REVENUES ARE USED TO PROVIDE INFORMATION TO HIGH SCHOOL STUDENTS AND THIER FAMILIES ABOUT FINANCIAL AID FOR POST-HIGH SCHOOL EDUCATION AND CAREER OPPORTUNITIES.

The Education Resources Institute, Inc. FYE 06/30/2002

04-2875329

FORM 990, SCHEDULE A, PART, LINE 2(A)

During fiscal year 2002, TERI's Board of Directors included one member who was also a member of the Board of Directors of American Student Assistance. A member of the Board of Directors of TERI is also on the Board of Directors of FMER.

TERI leases its office facilities from American Student Assistance under an operating lease that expires December 31, 2003. The lease provides for real estate taxes, insurance and maintenance costs in addition to fixed annual rentals. Payments under the lease totaled \$748,929 for the year ended June 30, 2002, of which \$611,886 was reimbursed to TERI by FMER.

FORM 990, SCHEDULE A, PART, LINE 2(c)

RICHARD WILEY IS A DIRECTOR OF TERI. DURING THE FISCAL YEAR ENDED JUNE 30, 2002, TERI PAID HILL & BARLOW \$114,919 FOR LEGAL SERVICES AND EXPENSES. MR WILEY IS A PARTNER OF HILL & BARLOW

FRED WILLAM IS THE BOARD'S CLERK FOR TERI. DURING THE FISCAL YEAR ENDED JUNE 30, 2002, TERI PAID WILLIAMS CONSULTING GROUP \$63,499 FOR CONSULTING SERVICES AND EXPENSES. MR.WILLIAM IS THE OWNER OF WILLIAMS CONSULTING GROUP.

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SCHEDULE A, PART III - EXPLANATION FOR LINE 4

CHARITABLE ORGANIZATIONS QUALIFY FOR RECEIVING GRANTS AND SCHOLARSHIPS FROM THE EDUCATIONAL RESOURCES INSTITUTE, INC. FOR THE FURTHERANCE OF THEIR CHARITABLE PURPOSES. OTHER RECIPIENTS QUALIFY BASED ON FINANCIAL NEED AND SCHOLARSHIP.

The Education Resources Institute, Inc.

04-2875329

FYE: 06/30/2002

FORM 990, SCHEDULE A, PART IV-A

The Education Resources Institute, Inc. changed from a calendar year end to a June 30 year end last year. Consequently, Column B contains the information for the year ended December 31, 2000 and Column A contains the information for the stub period of January 1, 2001 to June 30, 2001.

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Application for Extension of Time To File an

(December 2000)

Exempt Organization Return

OMB No 1545-1709

Internal Revenue S		► File a separate application for each return		
• If you are	filing for ar	Automatic 3-Month Extension, complete only Part I and che Additional (not automatic) 3-Month Extension, complete of Part II unless you have already been granted an automatic	only Part II (on page 2 of th	
Part I	Automa	cic 3-Month Extension of Time — Only submit original (no copies needed)	
لسسسسيا		porations requesting an automatic 6-month extension — check		Lonly 🛌
		ncluding Form 990-C filers) must use Form 7004 to request an e	-	_
		and trusts must use Form 8736 to request an extension of time		
		Exempt Organization		dentification number
Type or print	ľ	OUCATION RESOURCES INSTITUTE, INC	04-2875	
File by the		street, and room or suite no. If a P.O. box, see instructions	04-2873	<u> </u>
due date for		WART STREET		
filing your return See		or post office, state and ZIP code. For a foreign address, see instructions		
instructions	}			
Chack time		b be filed (file a separate application for each return)		
x Form 990		Form 990-T (corporation)		0
Form 990			Form 522	
=		Form 990-T (sec 401(a) or 408(a) trust)	<u>=</u>	
Form 990		Form 990-T (trust other than above)	Form 6069	
Form 990		Form 1041-A	Form 887	<u> </u>
_		s not have an office or place of business in the United States, c		▶ [_]
		leturn, enter the organization's four digit Group Exemption Num		If this is
		eck this box > If it is for part of the group, check this box >	Land attach a list with th	e names and
		extension will cover		
		atic 3-month (6-month, for 990-T corporation) extension of time		
		rganization return for the organization named above. The extens	sion is for the organization's	s retum for
▶ 🔲 ¢	alendar ye	ar 20 <u>'</u> or		
▶ x ta	ıx year beg	inningJuly 1, 20 01 , and ending .	<u> June 30</u>	20 <u>02</u>
2 If this tax	year is fo	less than 12 months, check reason 🔲 Initial return 🔲 F	Final return 🔲 Change i	n accounting period
3a If this ap	plication is	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	itive tax, less any	
nonrefun	dable cred	ts See instructions		\$ NONE
b If this app	olication is	for Form 990-PF or 990-T, enter any refundable credits and est	imated tax payments	
made In	clude any	onor year overpayment allowed as a credit		\$ NONE
c Balance	Due Subt	ract line 3b from line 3a. Include your payment with this form, o	r, if required, deposit	
with FTD	coupon or	, if required, by using EFTPS (Electronic Federal Tax Payment S	System) See	
instructio	ns			\$ 0 00
		Signature and Verification		
		are that I have examined this form including accompanying schedules and state am authorized to prepare this form	ements, and to the best of my know	wledge and belief it is true,
	WIL	OU (triple)	B-4-5 -	1 /01 /2002
gnature >	1 poor	Tille ► CPA		1/01/2002
or Paperwork 8	eduction A	Notice, see Instruction		Form 8868 (12-2000)

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7 2222 (0.0000			D 2
Form 8868 (1		lin Dant II and	ala ala de la decembra de la constantina della c	Page 2
	e filing for an Additional (not automatic) 3-Month Extension, complete on y complete Part II if you have already been granted an automatic 3-month	-		Filed Form 9969
	e filing for an Automatic 3-Month Extension, complete only Part I (on page		iii a previousiy i	neu rom 6000
Part II	Additional (not automatic) 3-Month Extension of Time — Must		l and One Co	nv
	Name of Exempt Organization	The Origina		
Type or print	THE EDUCATION RESOURCES INSTITUTE, INC	[Employer identi 04-2875329	ncauon number
File by the		 		
extended	Number, street, and room or suite no. If a P.O. box, see instructions 330 STUART STREET	1 1	For IRS use only	
due date for filing the	City, town or post office state and ZIP code For a foreign address, see instructions	 		
return See	BOSTON, MA 02116	{		
Chack han	e of return to be filed (File a separate application for each return)	<u> </u>	 _	
X Form 9		rm 1041-A	Form 5227	☐ Form 8870
Form 9		rm 4720	Form 6069	
	MO-DE T Point 990-Fr T Point 990-1 (trust other than above) T Point	1111 4720		
STOP Do	not complete Part II if you were not already granted an automatic 3-month	extension of	n a previously fi	led Form 8868
-	inization does not have an office or place of business in the United States, ch			▶ 🗀
	or a Group Return, enter the organization's four digit Group Exemption Numb			If this is
	le group, check this box $\blacktriangleright \Box$ If it is for part of the group, check this box $\blacktriangleright \Box$ nembers the extension is for	land attach	a list with the na	ames and
	est an additional 3-month extension of time until May 15	20	03_	
•		and ending		. 20 .02
		nai return		counting period
	n detail why you need the extension Additional time is needed to file a co		_ ~	₩ '
· Olato				
8a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentati	ve tax, less a	nv	
	indable credits. See instructions	10 tax, 1000 a	, \$	None
b If this a	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cre	edits and estin	nated	
	ments made. Include any prior year overpayment allowed as a credit and any			
	sly with Form 8868	•	\$_	None
c Baland	e Due Subtract line 8b from line 8a Include your payment with this form, or,	if required, de	eposit	
with FT	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sy	ystem) See	•	
ınstruc	ions			0 00
	Signature and Verification			
	of penjury I declare that I have examined this form including accompanying schedules and statement	nts and to the be	st of my knowledge a	nd belief it is true
correct and con	plete and that I am authorized to prepare this form			
	1 2 1 . 1 .			
Signature >	fay & Leville Tide > CPA		Date ▶ 02/03/	/2003
	Notice to Applicant — To Be Completed by th	ie IRS		
□ We have	approved this application. Please attach this form to the organization's return			
	not approved this application. However, we have granted a 10-day grace period from the la	ater of the date	shown below or the	due date of the
	on's return (including any prior extensions). This grace period is considered to be a valid extension			
made on	a timely return. Please attach this form to the organization's return			
_	not approved this application. After considering the reasons stated in item 7, we cannot grant	t your request fo	or an extension of tin	ne to file Weare
	ng a 10-day grace period	_		
=======================================	ot consider this application because it was filed after the due date of the return for which an	n extension was	requested	
_ Other				
	Ву			
rector			Date	
liternate Ma	ling Address — Enter the address if you want the copy of this application for	r an additiona	al 3-month exten	sion
	address different than the one entered above			
	Name			
	PricewaterhouseCoopers LLP Atten Joo	celyn Bishor)	
ype or	Number and street (include suite, room, or apt. no.) Or a PO box number		· ·	
rint	One International Place			
Ì	City or town, province or state, and country (including postal or ZIP code)	 -		
	Boston, MA 02110 Re THE EDUCATION RESOURCE	CES INSTIT	UTE, INC	

see a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form 990

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 70 of 290 | Return of Organization Exempt From Income Tax

Donos		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue to the Treasury	ie Code (excep	t bl	ack lung	Open to Public
		the Treasury Denerit trust or private foundation) The organization may have to use a copy of this return to satisfy	state reporting re	quire	ements.	Inspection
A Fo	r the	2002 calendar year, or tax year beginning 07/01, 20	02, and ending	06	/30/2003	
B che	ck if applic					ication number
	Address change	use IRS THE EDUCATION RESOURCES INSTITUTE, INC.			1-2875329	
	Name ch	label or	Room/suite	E 1	elephone numb	per
	Initial ret				·	
	Final ret.	See Specific 31 SAINT JAMES AVENUE		(6	317)556-0	579
	Amended return	Instruc- City or town, state or country, and ZIP + 4		F	ccounting	ash X Accrual
	Application pending	tions. BOSTON, MA 02116		Γ	Other (specify	
		1,1,1	Handlare notapp	licab	le to section 527	organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a group	p retu	m for affiliates?	Yes X No
G W	eb site		H(b) If "Yes," ente	r num	ber of affiliates	N/A
<u>1 o</u>	rganiza	tion type (check only one) ▶ X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	H(c) Are all affiliate			Yes No
K C	heck he	re If the organization's gross receipts are normally not more than \$25,000. The	(ir NO, attach H(d) is this a separat		t. See instruction n filed by an r	s)
01	rganızat	on need not file a return with the IRS; but if the organization received a Form 990 Package			y a group ruling?	Yes X No
in	the ma	ıl, ıt should file a return without financial data Some states require a complete return.	1 Enter 4-digit G	EN)	<u> </u>	N/A
			M Check	X	if the organizate	on is not required
		eepts Add lines 6b, 8b, 9b, and 10b to line 12 89,006,143.			orm 990, 990-EZ	2, or 990-PF)
Par		tevenue, Expenses, and Changes in Net Assets or Fund Balances (See page	17 of the instru	ction	s.)	
	1	Contributions, gifts, grants, and similar amounts received.				
	a	Direct public support				
	þ	Indirect public support				
	C	Government contributions (grants)				
	d	Total (add lines 1a through 1o) (cash \$ noncash \$)	1d		
	2	Program service revenue including government fees and contracts (from Part VII, line 93))	2	8	6,374,504.
	3	Membership dues and assessments		3	· 	120,032.
	4	Interest on savings and temporary cash investments		4		485,925.
	5	Dividends and interest from securities		5		2,025,682.
	6 a	Gross rents		-		
	b	Less. rental expenses		-		
ø	_ c	Net rental income or (loss) (subtract line 6b from line 6a)		6c		
ž	7	Other investment income (describe)	7		
Revenue	Вa	Gross amount from sales of assets other (A) Securities (B) C	Other	-		
Œ		than inventory				
	l	Less cost or other basis and sales expenses . 8b		-		
	C	Gain or (loss) (attach schedule)				
	•	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d		
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ of				
	١.	contributions reported on line 1a)				
•		Less. direct expenses other than fundraising expenses				
)	l	Net income or (loss) from special events (subtract line 9b from line 9a)	• • • • • • • •	9c		
		Gross sales of inventory, less returns and allowances				
		Less. cost of goods sold				
	l	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 40b from line		10c		
	11	Other revenue (from Part VII, line 103)	٠٠١٠٠١	11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 1)		12	8	9,006,143.

SCANNED JUN 2 0.04 Program services (from line 44, column (B)) Management and general (from line 44, column (C)) 2,153,784. 15 Fundraising (from line 44, column (D)) 15 NONE 16 Payments to affiliates (attach schedule) 16 Total expenses (add lines 16 and 44, column (A)). . . 17 74,655,626 Excess or (deficit) for the year (subtract line 17 from line 12) 14,350,517. Net assets or fund balances at beginning of year (from line 73, column (A)). 19 35,146,596.

Net assets or fund balances at end of year (combine lines 18, 19, and 20) · $_{\mbox{\scriptsize JSA}}$ For Paperwork Reduction Act Notice, see the separate instructions. $_{\mbox{\scriptsize 2E1010}}$ 1000

49,738,741. Form 990 (2002)

241,628.

Other changes in net assets or fund balances (attach explanation) STMT

Form 990 (2002)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2	'Grants and allocations (attach schedule)					
	(cash \$)	22				
3	Specific assistance to individuals (attach schedule)	23				
4	Benefits paid to or for members (attach schedule)	24			(Lighthall of V. 18. 3.2)	
5	Compensation of officers, directors, etc.	25	335,257.		335,257.	
6	Other salaries and wages	26	1,403,152.	1,403,152.		
7	Pension plan contributions	27	280,948.	257,973.	22,975.	_
8	Other employee benefits	28	148,507.	144,242.	4,265.	
9	Payroll taxes	29	115,628.	104,419.	11,209.	
0	Professional fundraising fees	30	· · · · · · · · · · · · · · · · · · ·			
1	Accounting fees	31	138,800.		138,800.	
2	Legal fees	32	767,927.	500,264.	267,663.	
3	Supplies	33	55,706.	49,770.	5,936.	
4	Telephone	34	65,243.	64,553.	690.	
5	Postage and shipping	35	28,947.	24,872.	4,075.	
6	Occupancy	36	271,025.		67,214.	
7	Equipment rental and maintenance	37	42,060.		3,382.	
8	Printing and publications	38	65,367.	58,522.	6,845.	
9	Travel	39	110,785.		17,515.	
0	Conferences, conventions, and meetings	40	18,279.		429.	
1	Interest SIMT . 2A.	41				
2	Depreciation, depletion, etc. (attach schedule)	42	17,738.	16,691.	1,047.	
3	Other expenses not covered above (itemize) STMT 2	43a	70,790,257.			
b	· · · · · · · · · · · · · · · · · · ·	43b	<u> </u>			
С		43c	 			
d		43d				
_		43e				
е 4	Total functional expenses (add lines 22 through 43)					
oir	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)(D), carry these totals to lines 13-15 It Costs. Check	ving S				NON
loir tre : f "Ye	at Costs. Check ► if you are follow any joint costs from a combined educational as," enter (i) the aggregate amount of these joints.	ving S campa int cos	SOP 98-2. aign and fundraising soli sts \$	citation reported in (B) Pro	ogram services? ated to Program services	Yes X No
loir tre a f "Ye iii) ti	at Costs. Check ► if you are follow any joint costs from a combined educational as," enter (i) the aggregate amount of these joint amount allocated to Management and gen	ving \$ campa int cos eral \$	SOP 98-2. aign and fundraising soli	citation reported in (B) Pro ; (ii) the amount alloc ; and (iv) the amount a	ogram services? ated to Program services	.► Yes X No
Joir Are a f "Yo iii) ti Pa	at Costs. Check ► if you are follow any joint costs from a combined educational es," enter (I) the aggregate amount of these joine amount allocated to Management and gen art III Statement of Program Ser	ving S campa int con eral \$ vice	SOP 98-2. aign and fundraising solists \$Accomplishmen	citation reported in (B) Pro ; (ii) the amount alloc ; and (iv) the amount a	ogram services? ated to Program services	.► Yes X No
oir rea "Ye ii) ti Pa Vha	at Costs. Check ► if you are follow any joint costs from a combined educational as," enter (i) the aggregate amount of these joint amount allocated to Management and gen	ving Scampaint contents \$\frac{\partial}{\partial} \frac{\partial}{\partial} \frac{\partial}{\pa	SOP 98-2. aign and fundraising solists \$ Accomplishmen STMT 3 e achievements in a clackievements that are	citation reported in (B) Pro ; (ii) the amount alloc ; and (iv) the amount a ts (See page 24 of ear and concise manne not measurable (Section	ogram services? ated to Program services sillocated to Fundraising \$ f the instructions.) r. State the number n 501(c)(3) and (4)	Yes X No
oir re a 'Ye ii) ti Pa Wha All corga	if you are followany joint costs from a combined educational es," enter (i) the aggregate amount of these joint amount allocated to Management and general III Statement of Program Series to the organization's primary exempt purpose organizations must describe their exempt plients served, publications issued, etc. Discontinuations issued, etc.	ving scampaint contents to the contents of the	ACCOMPLISHMENT STMT 3 e achievements in a clachievements that are usts must also enter the	citation reported in (B) Pro ; (ii) the amount alloc ; and (Iv) the amount a ts (See page 24 of ear and concise manner not measurable (Section amount of grants and a	ogram services? ated to Program services sillocated to Fundraising \$ f the instructions.) r. State the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) an (4) orgs , and 4947(a)(1) trusts; but optional for
oir rear "Yeall) to Pa /ha ll of co rga	any joint costs from a combined educational es," enter (i) the aggregate amount of these ic the amount allocated to Management and general III Statement of Program Serut is the organization's primary exempt purpose organizations must describe their exempt purpose in the served, publications issued, etc. Discrizations and 4947(a)(1) nonexempt charitations.	ving scampaint contents to the contents of the	ACCOMPLISHMENT STMT 3 e achievements in a clackievements that are usts must also enter the PURPOSE BY FUN GRANTS	citation reported in (B) Pro ; (ii) the amount alloc ; and (iv) the amount a ts (See page 24 of ear and concise manner not measurable (Section amount of grants and a ICTIONING AS A	ogram services? ated to Program services sillocated to Fundraising \$ f the instructions.) r. State the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) an (4) orgs , and 4947(a)(1) trusts; but optional for others.)
oir reary "Yeall the Parga	any joint costs from a combined educational es," enter (i) the aggregate amount of these ic the amount allocated to Management and general III Statement of Program Serut is the organization's primary exempt purpose organizations must describe their exempt purpose in the served, publications issued, etc. Discrizations and 4947(a)(1) nonexempt charitations.	ving scampaint contents to the contents of the	ACCOMPLISHMENT STMT 3 e achievements in a clackievements that are usts must also enter the PURPOSE BY FUN GRANTS	citation reported in (B) Pro ; (ii) the amount alloc ; and (Iv) the amount a ts (See page 24 of ear and concise manner not measurable (Section amount of grants and a	ogram services? ated to Program services sillocated to Fundraising \$ f the instructions.) r. State the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) an (4) orgs , and 4947(a)(1) trusts; but optional for others.)
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oir Pa What What I corgan	any joint costs from a combined educational es," enter (i) the aggregate amount of these ic the amount allocated to Management and general III Statement of Program Serut is the organization's primary exempt purpose organizations must describe their exempt purpose in the served, publications issued, etc. Discrizations and 4947(a)(1) nonexempt charitations.	ving scampaint contents to the vice of the	Accomplishmen STMT 3 e achievements in a clachievements that are susts must also enter the PURPOSE BY FUN GRANTS (Grants a	exitation reported in (B) Pro ; (ii) the amount alloc ; and (iv) the amount a ts (See page 24 or ear and concise manner not measurable (Section amount of grants and a NCTIONING AS A and allocations \$ and allocations \$	ogram services? ated to Program services sillocated to Fundraising \$ f the instructions.) r. State the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) an (4) orgs , and 4947(a)(1) trusts; but optional for
oir rear Y(i) ti Pa What I of corrgan	any joint costs from a combined educational es," enter (i) the aggregate amount of these ic the amount allocated to Management and general III Statement of Program Serut is the organization's primary exempt purpose organizations must describe their exempt purpose in the served, publications issued, etc. Discrizations and 4947(a)(1) nonexempt charitations.	ving Scamping to compare the control of the control	ACCOMPLISHMENT STMT 3 e achievements in a clachievements that are susts must also enter the PURPOSE BY FUN GRANTS (Grants a (ecitation reported in (B) Pro ; (ii) the amount alloc ; and (Iv) the amount a ts (See page 24 of ear and concise manner not measurable (Section amount of grants and a ICTIONING AS A and allocations \$	ogram services? ated to Program services sillocated to Fundraising \$ f the instructions.) r. State the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) an (4) orgs , and 4947(a)(1) trusts; but optional for others.)
Joir Are a f "Yo Pa Wha All o orga	any joint costs from a combined educational es," enter (i) the aggregate amount of these ic the amount allocated to Management and general III Statement of Program Serut is the organization's primary exempt purpose organizations must describe their exempt purpose in the served, publications issued, etc. Discrizations and 4947(a)(1) nonexempt charitations.	ving scampaint contents to the vice of the	Accomplishmen STMT 3 e achievements in a clachievements that are susts must also enter the PURPOSE BY FUN GRANTS (Grants a	exitation reported in (B) Pro ; (ii) the amount alloc ; and (iv) the amount a ts (See page 24 or ear and concise manner not measurable (Section amount of grants and a NCTIONING AS A and allocations \$ and allocations \$	ogram services? ated to Program services sillocated to Fundraising \$ f the instructions.) r. State the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) (4) orgs , and 4947(a) trusts; but optional fo

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32.512875329 Pg. 72 of

Page, 3 Balance Sheets (See page 24 of the instructions.) Note: Where required, attached schedules and amounts within the description (A) Beginning of year End of year column should be for end-of-year amounts only. 15,150,761 45 15,365,076. 45 46 46 11,701,085 NONE **b** Less: allowance for doubtful accounts 16,521,110.47c 33,005,514. 48a Pledges receivable b Less: allowance for doubtful accounts 48b 48c 49 49 50 Receivables from officers, directors, trustees, and key employees 50 51a Other notes and loans receivable (attach b Less: allowance for doubtful accounts 51b 33,563,505.|51c 37,087,868. 52 52 53 Prepaid expenses and deferred charges 84,886. 53 121,968. 54 Investments - securities (attach schedule) STMT .4. ► Cost x FMV 42,495,191. 54 <u>84,504,684.</u> 55a Investments - land, buildings, and b Less. accumulated depreciation (attach 55c Investments - other (attach schedule) 56 57a Land, buildings, and equipment basis 57a b Less: accumulated depreciation (attach 21,258. 57c 41,260. 58 58 Other assets (describe ▶ Total assets (add lines 45 through 58) (must equal line 74) 59 59 119,537,796 170,126,370. 60 2,790,377. 60 3,408,990. 61 61 62 62 Loans from officers, directors, trustees, and key employees (attach 63 Labilities 63 64a 64b Other liabilities (describe ▶ _____ 65 81,600,823. <u>116,978,639.</u> 84,391,200. 66 120,387,629. Organizations that follow SFAS 117, check here ▶ X and complete lines 67 through 69 and lines 73 and 74. 67 67 19,820,464. 34,445,513. Balances 68 13,326,132. 68 13,293,228. 69 2,000,000. 69 2,000,000. Organizations that do not follow SFAS 117, check here ▶ Fund complete lines 70 through 74 70 70 ō Paid-in or capital surplus, or land, building, and equipment fund 71 71 Assets 72 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines 73

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

49,738,741.

170,126,370.

35,146,596.73 119,537,796.74

Net

70 through 72,

column (A) must equal line 19; column (B) must equal line 21)

Total liabilities and net assets / fund balances (add lines 66 and 73)

	m ⁹⁹⁰ (1 <mark>2092) 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32º૬1²⁸⁷582929-9 Pg. 74-0 art VI Qther Information (See page 27 of the instructioրs))</mark>	f .	Yes	age 5		
76		76		x		
77		77		X		
	If "Yes," attach a conformed copy of the changes.					
78	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		x		
	b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	A		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		x		
	a Is the organization related (other than by association with a statewide or nationwide organization) through common					
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	x			
!	b If "Yes," enter the name of the organization TERI FINANCIAL SERVICES, INC.					
	and check whether it is X exempt or nonexempt.	1				
81	a Enter direct or indirect political expenditures See line 81 instructions		ļ			
	b Did the organization file Form 1120-POL for this year?	81Ь		x		
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge					
or at substantially less than fair rental value?						
b If "Yes," you may indicate the value of these items here. Do not include this amount						
	as revenue in Part I or as an expense in Part II. (See instructions in Part III)			1		
83	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x			
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	х			
	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/	A		
	b If "Yes," did the organization include with every solicitation an express statement that such contributions					
	or gifts were not tax deductible?	84b	N/	A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/			
	1. Dud the amount of the material to the state of the control of t					
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization						
	received a waiver for proxy tax owed for the prior year.			ł		
	c Dues, assessments, and similar amounts from members 85c N/A					
	d Section 162(e) lobbying and political expenditures 85d N/A	,		ĺ		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	1				
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	!	-			
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A		
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable			<u> </u>		
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A		
86				Ī		
	b Gross receipts, included on line 12, for public use of club facilities 86b N/A	1				
87	501(c)(12) gray Enter: a Gross income from members or shareholders 87a N/A	1				
-	b Gross income from other sources (Do not net amounts due or paid to other	,				
	sources against amounts due or received from them) 87b N/A		Ī	1		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	[¹	Ì	1		
	partnership, or an entity disregarded as separate from the organization under Regulations sections		ŀ			
	301 7701-2 and 301.7701-3? If "Yes," complete Part IX	88		x		
89	a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:					
	section 4911 ► NONE, section 4912 ► NONE; section 4955 ► NONE]				
	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	1				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach					
	a statement explaining each transaction	89Ь		x		
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	002				
	sections 4912, 4955, and 4958			NONE		
d Enter Amount of tax on line 89c, above, reimbursed by the organization						
90 a List the states with which a copy of this return is filed ▶MASSACHUSETTS						
		90ь	45			
	The books are in care of MICHAEL GAMBEE Telephone no (617) 5					
٠,	Located at ▶ 31 ST. JAMES AVE, BOSTON MA ZIP+4 ▶ 02116		3			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here					
- *	and enter the amount of tax-exempt interest received or accrued during the tax year		N/A	- <u> </u>		
	water the state of					

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 75 of 290 Form 990 (2002) Analysis of Income-Producing Activities (See page 31 of the instructions.) Note: Enter gross amounts unless otherwise Unrelated business income Excluded by section 512, 513, or 514 (E) Related or indicated. (A) Business (C) Exclusion (D) Amount (B) Amount exempt function code 93 Program service revenue. code income a GUARANTEE FEES 67,648,014. 5,337,145. **b** ORIGINATION FEES 3,211,167. CONTRACTUAL INCOME d OTHER REVENUE 2,877. e RESIDUAL INTEREST 10,175,301 f Medicare/Medicaid payments g Fees and contracts from government agencies. Membership dues and assessments . . 120,032 14 485,925 Interest on savings and temporary cash investments 14 Dividends and interest from securities . . 2,025,682 Net rental income or (loss) from real estate a debt-financed property b not debt-financed property 98 Net rental income or (loss) from personal property . . Other investment income 100 Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events . Gross profit or (loss) from sales of inventory 103 Other revenue, a Subtotal (add columns (B), (D), and (E)). . 2,511, 86,494,536 89,006,143 Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). STMT LO Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.) (B) (C) (D) Total income Name, address, and EIN of corporation Nature of activities partnership, or disregarded entity ownership interest % N/A % % Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please

No x No Sign Here Type or print name and title Preparer's SSN or PTIN (See Gen Inst. W) Check if Preparer's self-**Paid** signature Preparer's EIN 13-4008324 Firm's name (or yours **Use Only** if self-employed), Phone address, and ZIP + 4 nο 02109 617-530-5000 JSA Form 990 (2002)

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

ganization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Pg. 76 of 1545-0047

Internal Revenue Service Name of the organization

Part I

THE EDUCATION RESOURCES INSTITUTE, INC.

Employer identification number

04-2875329

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
A. IRIATE	EXECUTIVE DIRECTOR	L		
THE ED. RESOURCES INST. INC.				
31 ST. JAMES AVE., BOSTON, MA	37.5 HRS	101,258.	12,834.	NONI
M. BEATTY	MNGR-BANKRUPICY DE	PT		
THE ED. RESOURCES INST. INC.				
31 ST. JAMES AVE., BOSTON, MA	37.5 HRS	86,549.	8,146.	NONI
D. YAMEEN	ASSOC. DIRECTOR			
THE ED. RESOURCES INST. INC.				
31 ST. JAMES AVE., BOSTON, MA	37.5 HRS	59,938.	6,447.	NONE
J. KILSON-PAGE	ASSOC. DIRECTOR			
THE ED. RESOURCES INST. INC.				
31 ST. JAMES AVE., BOSTON, MA	37.5 HRS	65,549.	3,190.	NONE
P. CLARK	GEAR UP DIRECTOR			
THE ED. RESOURCES INST. INC.	GEAR OF DIRECTOR			
31 ST. JAMES AVE., BOSTON, MA	37.5 HRS	61,576.	8,766.	NONE
Total number of other employees paid over	57.3 III.S	<u> </u>	0,700.	NONE
\$50,000	▶			
Part II Compensation of the Five Hig (See page 2 of the instructions. Li	hest Paid Indepen	dent Contracto	rs for Professionans). If there are non	al Services e. enter "None.")
(a) Name and address of each independent contractor p	··· -	(b) Type		(c) Compensation
FIRST MARBLEHEAD EDU. RES, INC.				
	<u>-</u>	1		
31 ST. JAMES AVE., BOSTON, MA 021	116	OPERATIONAL	svcs	19203483.
TERI MARKETING SVC, INC.				
31 ST. JAMES AVE., BOSTON MA 0211	L6	OPERATIONAL	svcs	1,330,998.
ZWICKER & ASSOCIATES, P.C.		_		
3 RIVERSIDE DRIVE, N. ANDOVER, MA	01810	COLLECTION	AGENCY	439,139.
VAN RU CREDIT CORPORATION		1		
1550 N. NE HWY STE 335, PARK RIDG	SE, IL	COLLECTION	AGENCY	342,636.
			· · · · · · · · · · · · · · · · · · ·	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Total number of others receiving over \$50,000 for

25 BRAINTREE HILL PK STE 407, BRAINTREE, MA 02185 CONSULTING SERVICES

Schedule A (Form 990 or 990-EZ) 2002

660,000

JSA 2E1210 1 000

AURORA CONSULTING

professional services

N Caba		se 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:3 2:51²⁸15329 29-9 Pg. 77	of .	, _	age 12
_	rt III			Yes	No.
1		ing the year, has the organization attempted to influence national, state, or local legislation, including any	i	1.00	
•		mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
_		ncurred in connection with the lobbying activities > \$ NONE (Must equal amounts on line 38,	Į	1	
•		t VI-A, or line i or Part VI-B.)	1		x
		anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	_	anizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of	-		
		lobbying activities.			
2		ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any	Ī		
_		stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or		1	ł
		any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			ŧ.
		er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining			
		transactions.)			
		e, exchange, or leasing of property?	2a	x	
а	Jaic	s, excitatingly, of leading of property for the formation of the formation	Za	<u> </u>	
h	l en	ding of money or other extension of credit?	2 b		x
D	Len	uing of money of other extension of dealth	1		_
•	E	nishing of goods, services, or facilities?	2 c	x	
С	run	instituty of goods, services, of facilities?	1		
А	Pav	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? FORM 990 PART 🔀	2 d	×	
d	гау	ment of compensation (or payment of reinibulsement of expenses if more than \$1,000)? [\$15.5.1.1] \$1.5.5.1.1	40		
_	Tran	nsfer of any part of its income or assets?	, .		
e	1141	ister of any part of its income of assets?	2 e		X
•	Daa	a the executation make growth for exhalarating falloughing student leave at 2 (Cap Nata helau)	_		
3		es the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X	
4		you have a section 403(b) annuity plan for your employees?	4	X	I
		nch a statement to explain how the organization determines that individuals or organizations receiving grants rom it in furtherance of its charitable programs "qualify" to receive payments			
			<u> </u>		
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)			
The	organ	nization is not a private foundation because it is. (Please check only ONE applicable box.)			
5	Ш	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name	e, city,		
		and state >			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv)	
		(Also complete the Support Schedule in Part IV-A.)			
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
		Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gr	oss		
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses ac			
		by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)	-		
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizati	ons		
• •		described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (Sec			
		section 509(a)(3))			
		Provide the following information about the supported organizations (See page 5 of the instructions)			•
		(b) Lin	e numb	er	•
		(a) Name(s) of supported organization(s)	above		
					•
					•
		<u> </u>			•
	\Box				

14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions.)

Schedule

d	d Add: Line 27a total and line 27b total		27 d		
е	e Public support (line 27c total minus line 27d total)		27e	130,736,4	15.
f	f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f	145,134,295	,		
g	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	90.0796	%
h	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	. <u> </u>	27h	9.9204	%
	B Unusual Grants: For an organization described in line 10, 11, or 12 that received any u				
	prepare a list for your records to show, for each year, the name of the contributor, the di	ate and amount of	the	grant, and a	brief
	description of the nature of the grant. Do not file this list with your return. Do not include these grants in	a lina 15			

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

JSA
2E1221 1 000

Schedule A (Form 990 or 990-EZ) 2002

04-2875329

Schedule A (Form 990 or 990-EZ) 2002

NOT APPLICABLE

Page 4

art V	Private School Questionnaire (See page 7 of the instructions.)
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	ļ	ļ
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	i		
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	Į		
		1		
		ļ		
20	Does the superiordism we sistem the fellowing.			Ì
32	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	22-		
	Records indicating the racial composition of the student body, faculty, and administrative stain? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
D	horse?	32b		
_	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	320		
·		32c		-
А	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32d	-	
u	Copies of all material assarby the organization of office bending to solicit contabations.	324		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
]		
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
		[
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
	Out touch a sea than for each an interest O			
d	Scholarships or other financial assistance?	33d		
	Educational policios?			
е	Educational policies?	33e		
	Use of facilities?	33f		
•	Ose of facilities:	331		
а	Athletic programs?	33g		
9	Athletic programs?			
h	Other extracurricular activities?	33h		
••				.
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
			1	
		<u> </u>	•	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
2 =	Donath consultation and the state of the sta		1	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
JSA	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Sch	edule A (Form 990 or 990-	EZ) 2002			4-287532			P	age 5
Pa		xpenditures by Elec							
		pleted ONLY by an			15/68) NC	T APPL	ICAB	<u>le</u>	
		ne organization belong							
Che	eck ▶ b if y	ou checked "a" and "lii	mitea control" provisio	ins apply.	 	(a)	. 1	(b)	
		imits on Lobbying "expenditures" means	•	rred)	Aff	lliated grou totals	P	To be complet for ALL electing organizations	ng
_		· · · · · · · · · · · · · · · · · · ·			20			Organizations	
	Total lobbying expend	=			36		\dashv		
	Total lobbying expend				37				
	Total lobbying expend				39			<u> </u>	
	Other exempt purpose Total exempt purpose		o 38 and 30\		40				
	Lobbying nontaxable a								
•	If the amount on line		bbying nontaxable ar				-		
	Not over \$500,000			`			1		
	Over \$500,000 but not over	\$1,000,000 \$100,00	00 plus 15% of the excess	over \$500,000					
	Over \$1,000,000 but not ov				41				
	Over \$1,500,000 but not ov								
	Over \$17,000,000						- 1		
	Grassroots nontaxable				42				
	Subtract line 42 from				43				
14	Subtract line 41 from I	ine 38. Enter -0- if line	41 is more than line	³⁸	44				
	0 15 11		42 or line 44 year mare	t fla Farm 1720					
_	Caution: If there is an		Averaging Period		501(b)		1		
	(Some organizat	ions that made a sectı			• •	he five col	ımns l	pelow	
	(Como organizat		ons for lines 45 throug		-				
							.i.a.d		
			Lobbying Expendi	tures During 4	real Avera	iging Per	104		
(Calendar year (or fiscal	(a)	(b)	(c)		(d)	1	(e)	
3	year beginning in) ▶	2002	2001	2000		1999		Total	
	Lobbying nontaxable						1		
15	amount								
	Lobbying ceiling amount								
16	(150% of line 45(e))								
. 7	Total lobbying expenditures								
• /	Grassroots nontaxable								
18	amount · · · · · · · · · · · · · · · · · · ·								
	Grassroots ceiling amount								
19	(150% of line 48(e))								
	Grassroots lobbying								
	expenditures		in a Doublin Obseriains						
Pa		Activity by Nonelecti ing only by organiza	_		Λ) (See nac	10 11 of t	ha inc	etructione)	
	ring the year, did the organ					1 010	116 1118	structions.)	
	ing the year, did the organ impt to influence public op	•		-	ig ally	Yes	No	Amount	
	Volunteers						х		
b	Paid staff or manager	nent (Include compens	ation in expenses rep	orted on lines c th	rough n .)		x	. ~ .	- 10 0
	Media advertisements				-		х		NONE
	Mailings to members,						x		NONE
	Publications, or publis						x		NONE
f	Grants to other organi						х		NONE
g	_						х		NONE
	Rallies, demonstration						_X		NONE
i	Total lobbying expend								NONE
	If "Yes" to any of the	ibove, aiso <u>attach a st</u>	atement giving a deta	illea aescription o	r (ne lobbying	activities.			

Pa	rt VII		Transfers To and Transactions ar (See page 12 of the instructions.)	nd Relationships With Noncharitable					
51	Did the r	eporting organization direc	tly or indirectly engage in any of the foll	lowing with any other organization described in se	ction				
	501(c) of	f the Code (other than sect	ion 501(c)(3) organizations) or in section	on 527, relating to political organizations?					
a		•	the reporting organization to a noncharitable exempt organization of:						
					X				
					X				
b		insactions:							
	(i) Sai	es or exchanges of assets	with a noncharitable exempt organizatio	n	X				
	(II) Pur	chases of assets from a n	oncharitable exempt organization	b(ii)	X				
	(III) Rei	ntal of facilities, equipment	or other assets	b(iii)	X				
	(IV) Rei	mbursement arrangements		b(iv)	X				
	(V) Los	formance of consider or m	embership or fundraising solicitations	b(v)	X				
_	Sharing	of facilities, equipment, ma	iling lists, other assets, or paid employee	b(vi) c	X				
				(b) should always show the fair market value of the					
u			by the reporting organization. If the organizati						
			ow in column (d) the value of the goods, other						
	(a)	(b)	(c)	(d)					
	Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing arrangen	nents				
	N/A								
									
		<u> </u>	<u> </u>						
	describe	_	ectly affiliated with, or related to, one or Code (other than section 501(c)(3)) or inedule. (b)	n section 527?	x No				
	N	ame of organization	Type of organization	Description of relationship					
	N/A								
_	:								
_									
					· · · · · · · · · · · · · · · · · · ·				
JSA 2512	50 1 000			Schedule A (Form 990 or 990-E	Z) 2003				

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FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION AMOUNT

INVESTMENTS IN SUBSIDIARIES 241,628. _____

> TOTAL 241,628.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 06/30/2003

FORM 990, PART II, LINE 42 & PART IV,	LINE 57
	=======
FURNITURE & FIXTURES	19,953
MACHINERY & EQUIPMENT	20,964
COMPUTER REQUIPMENT	40,018
SOFTWARE ACQUISITION	9,456
LEASEHOLD IMPROVEMENTS	15,587
	105,978
LESS ACCUMULATED DEPRECIATION	(64,718)
	41.260

DEPRECIATION EXPENSE FOR THE YEAR ENDED JUNE 30, 2003 WAS \$17,738

04-2875329

THE EDUCATION RESOURCES INSTITUTE, INC.

Ŋ

STATEMENT

SES 	PROGRAM 1 TOTAL SERVICES	43736775. 43736775. NONE	814,310.	19499663. 19210533. 289,130.	369.	1,526,562.	5,725.	4,229,501.	5,332. NONE 5,332.	70790257. 69523775. 1,266,482.
FORM 990, PART II - OTHER EXPENSE	CRIPTIO	PROV. FOR LOAN LOSS RESERVE	OUTSIDE CONSULTANTS	PROFESSIONAL FEES	BANK CHARGES	MISCELLANEOUS	ADVERTISING	COLLECTION COSTS	AUTOMOBILE	TOTALS

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 85 of THE EDUCATION RESOURCES INSTITUTE, INC. 04-2875329

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ENTITY'S PURPOSE IS TO ASSIST STUDENTS IN OBTAINING AN EDUCATION WHILE ASSISTING EDUCATIONAL INSTITUTIONS IN PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 06/30/2003

FORM 990, PART IV LINE 51		
	BEGINNING	ENDING
	BOOK VALUE	BOOK VALUE
NOTES RECEIVABLE - TFSI	1,100,864	1,100,864
NOTES RECEIVABLE - FMC	7,305,348	6,674,019
STUDENT LOANS RECEIVABLE	25,157,293	29,312,985
TOTAL	33,563,505	37,087,868

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 87 of 290
THE EDUCATION RESOURCES INSTITUTE, INC. 04-28753

04-2875329

FORM 990, PART IV - INVESTMENTS - SECURITIES

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
GOVERNMENT AGENCY OBLIGATIONS	29,111,170.	73,361,878.
COMMERCIAL PAPER	9,026,754.	1,933,364.
CERTIFICATES OF DEPOSIT	2,206,396.	7,513,845.
BONDS	2,150,871.	1,695,597.
TOTALS	42,495,191.	84,504,684.

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04-2875329

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
LOAN LOSS RESERVE DEFERRED GUARANTEE FEE INCOME INVESTMENT IN SUBSIDIARY ACCRUED PENSION LIABILITY DEFERRED REVENUE	75,228,737. 6,704,169. -1,817,875. 327,635. 1,158,157.	107,942,083. 9,578,241. -2,059,503. 310,282. 1,207,536.
TOTALS	81,600,823.	116,978,639.

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THE EDUCATION RESOURCES INSTITUTE, INC.

04-2875329

FORM 990; PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION AMOUNT

INVESTMENT IN SUBSIDIARIES

241,628.

TOTAL

241,628.

AND TRUSTEES
DIRECTORS, A
F OFFICERS,
- LIST O
), PART V
FORM 990

THE EDUCATION RESOURCES INSTITUTE, INC.

04-2875329

Chicago Company of the Company of th) C		,	
NAME AND ADDRESS	D TIM POSI	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE, ACCT 38 AND OTHER 18 ALLOWANCES	Case 19-900
HOWARD JACOBSON THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	26,500.	NONE		0659LT Filed
BARBARA E. TORNOW THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	21,000.	NONE	0 <u>1/2</u> 23/20 E	0 ⊌ 23/20 E
DR. SHERRY PENNEY THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	CHAIR 7 HRS/WK	38,500.	NONE		integed 01/23/2
DR. SYLVIA Q. SIMMONS THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	32,500.	NONE	20 എ 7:32:51	20 <u>9</u> 7:32:51
EDWARD PIANA THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	21,500.	NONE	Dec 29-9 P	D g c 29-9 P
ANDRE BELL	DIRECTOR 7 HRS/WK	19,500.	NONE	g. g. o	g. <u>9</u>0 o

CONSULTING SERVICES.

FORM 990, PART V - LIST OF OFFICERS,	, DIRECTORS, AND TRUSTEES			*. •
NAME AND ADDRESS THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE	AND TIME TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCTASE AND OTHER ALLOWANCES
RICHARD A. WILEY, ESQ THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	30,000.	NONE	Filed 01/23/20
ANN S. COLES THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	SENIOR V.P. FOR EDUCATION INFORMATION SERVICES 37.5 HRS/WK ACTING PRESIDENT 7/1/02 - 7	145,757.	25,878.	生ntered 01 交 290
JANE DIXON THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE	CLERK 3 HRS/WK	* NONE	NONE	/2 월 /20 07:3 첫
BOSTON, MA 02116 LAWRENCE O'TOOLE THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	AS OF 8/1/02 PRESIDENT/DIRECTOR 24 HRS/WK	** NONE	NONE	32:51 ^H Z Doc 29-9
MICHAEL GAMBEE THE EDUCATION RESOURCES INSTITUTE, INC.	TREASURER 30 HRS/WK	** NONE	NONE	ਬੇ g. 91 ਬਹਿਸ
*JANE DIXON IS COMPENSATED FOR SERVICES AS AN INDEPENDENT CONTRACTOR, NOT AS CLERK OF	**COMPENS F TERI. AURORA	TO THI	ESE INDIVIDUALS IS PROVIDED WHICH TERI COMPENSATES FOR	DED BY FOR

04-2875329

THE EDUCATION RESOURCES INSTITUTE, INC.

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Pg. 92 of

Doc 29-9

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THE EDUCATION RESOURCES INSTITUTE, INC.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	DIRECTORS, AND TRUST	TEES 		* ***
NAME AND ADDRESS 31 SAINT JAMES AVENUE BOSTON, MA 02116	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE, ACCT AND OTHER ALLOWANCES 6-61
				T

Filed 01/23/20

25,878.

335,257.

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Entered 01/23/20 07:32:51 290

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 93 of 290

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 06/30/2003

FORM 990, PART VI, LINE 82B

THE BOSTON PUBLIC LIBRARY PROVIDES THE EDUCATION RESOURCES INSTITUTE, INC. WITH FREE SPACE FOR THE OPERATION OF THE HIGHER EDUCATION INFORMATION CENTER WHICH PROVIDES INFORMATION TO HIGH SCHOOL STUDENTS AND THEIR FAMILIES ABOUT FINANCIAL AID FOR POST-HIGH SCHOOL EDUCATION AND CAREER OPPORTUNITIES. THE VALUE OF THIS SPACE IS NOT INCLUDED AS REVENUE OR EXPENSE.

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 94 of THE EDUCATION RESOURCES INSTITUTE, INC. 04-2875329

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

94

EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME LINE IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED NO. IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

93-THE EDUCATION RESOURCES, INC. (TERI) WAS INCORPORATED IN JUNE 1985 FOR THE PURPOSES OF AIDING STUDENTS IN ATTAINING AN EDUCATION AND ASSISTING EDUCATIONAL INSTITUTIONS IN PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION. TO ACHIEVE THIS PURPOSE THE COMPANY FUNCTIONS AS A GUARANTOR OF STUDENT LOANS DISBURSED BY PARTICIPATING LENDING INSTITUTIONS. IN ADDITION, TERI'S HIGHER EDUCATION INFORMATION CENTER DIVISION RECEIVES FUNDS FROM FEDERAL, STATE AND PRIVATE GRANTS AND THROUGH MEMBERSHIP FEES FROM COLLEGES AND UNIVERSITIES. THESE REVENUES ARE USED TO PROVIDE INFORMATION TO HIGH SCHOOL STUDENTS AND THIER FAMILIES ABOUT FINANCIAL AID FOR POST-HIGH SCHOOL EDUCATION AND CAREER OPPORTUNITIES.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 06/30/2003

FORM 990, SCHEDULE A, PART, LINE 2(a)

During fiscal year 2003 and 2002, TERI's Board of Directors included one member who was also a member of the Board of Directors of American Student Assistance and one member who was on the Board of Directors of FMER. FMER is a subsidiary of FMC and provides administrative services to support TERI operations. For fiscal years 2003 and 2002, TERI paid \$20,534,471 and \$14,191,953, respectively, to FMER for services rendered under the Master Servicing Agreement (Note 1). TERI is a 25 percent beneficial owner of the residual value of TERI guaranteed loans held in trusts created by FMC (Note 4).

TERI leased office facilities from American Student Assistance under an operating lease that expired March 31, 2003. The lease provided for real estate taxes, insurance and maintenance costs in addition to fixed annual rentals. Payments under the lease totaled \$540,351 and \$748,929 for the year ended June 30, 2003 and 2002, respectively, of which FMER reimbursed TERI for \$430,050 and \$611,886, respectively. During fiscal 2003, TERI relocated offices to 31 St. James Avenue, Boston, Massachusetts. TERI subleases office space from FMER under an operating lease that expires March 2004. For fiscal 2003, payments made to FMER under the lease total \$80,141.

FORM 990, SCHEDULE A, PART, LINE 2(c)

RICHARD WILEY IS A DIRECTOR OF TERI. DURING THE FISCAL YEAR ENDED JUNE 30, 2003, TERI PAID HILL & BARLOW \$632 FOR LEGAL SERVICES AND EXPENSES. MR.WILEY IS OF COUNSEL AT HILL & BARLOW.

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THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 06/30/2003

FORM 990, SCHEDULE A, PART III, LINE 4

CHARITABLE ORGANIZATIONS QUALIFY FOR RECEIVING GRANTS AND SCHOLARSHIPS FROM THE EDUCATION RESOURCES INSTITUTE, INC. FOR THE FURTHERANCE OF THEIR CHARITABLE PURPOSES. OTHER RECIPIENTS QUALIFY BASED ON FINANCIAL NEED AND SCHOLARSHIP.

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(December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

➤ File a separate application for each return

OMB No 1545-1709

	iling for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
	iling for an Additional (not automatic) 3-Month Extension, complete only Part II (o		
Note: Do no Form 8868.	t complete Part II unless you have already been granted an automatic 3-month ex	tension on a previously fil	ed
Part I	Automatic 3-Month Extension of Time — Only submit original (no copies ne	eded)	
	990-T corporations requesting an automatic 6-month extension — check this box and		
	porations (including Form 990-C filers) must use Form 7004 to request an extension of t REMICs and trusts must use Form 8736 to request an extension of time to file Form 1		าร
Type or	Name of Exempt Organization	Employer identification nu	ımber
print	THE EDUCATION RESOURCES INSTITUTE, INC.	04-2875329	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions		
due date for filing your	330 STUART STREET		
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
instructions.	BOSTON, MA 02116		
Check type of	of return to be filed (file a separate application for each return)		
x Form 990	Form 990-T (corporation)	Form 4720	
Form 990	-	Form 5227	
Form 990		Form 6069	
Form 990		Form 8870	
If the organi	zation does not have an office or place of business in the United States, check this box	· · · · · · · · · · · · · · · · · · ·	一
	a Group Return, enter the organization's four digit Group Exemption Number (GEN)		
	group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attact		
	mbers the extension will cover		
	an automatic 3-month (6-month, for 990-T corporation) extension of time until		04_,
to file the	exempt organization return for the organization named above. The extension is for the	e organization's return for:	
▶ □ α	alendar year 20 or		
▶ 🗶 ta	x year beginning July 1 , 20 $\underline{02}$, and ending J	une 30 , 20 <u>03</u>	_·
2 If this tax	wear is for loss than 12 months, shock reason.	Characia accounting	
Z II tilis tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting	perioa
2- 164bi	disables to fee Francisco DI COO DE COO T 4700 to COO T the feet of the feet o		
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less dable credits. See instructions		None
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa		Notie_
	clude any prior year overpayment allowed as a credit	=	None
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		None
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See		
instruction	ns	\$	0.00
	Signature and Verification		
Under penalties of	perjury, I deglare that I have examined this form, including accompanying schedules and statements, and to the I	best of my knowledge and belief, it	is true,
correct, and comple	te, and that am authorized to prepare this form		
	Ann to to le		
Signature >	Title ► CPA	Date ► 11/01/2003	
For Paperwork R	eduction Adv Notice, see Instruction	Form 8868 (12	-2000)

Form 8868 (12-2000) Page 2					
If you ar	re-filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box					
Note; On	ly complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.					
	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part II	Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.					
Type or print	Name of Exempt Organization Employer identification number					
File by the	THE EDUCATION RESOURCES INSTITUTE, INC. 04-2875329					
extended	Number, street, and room or suite no. If a P.O. box, see instructions. STUART STREET For IRS use only					
due date for filing the	City, town or post office, state, and ZIP code For a foreign address, see instructions.					
return See instructions.	BOSTON, MA 02116					
	be of return to be filed (File a separate application for each return):					
X Form 9						
Form 9						
STOP: Do	not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
• If the org	panization does not have an office or place of business in the United States, check this box					
	for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is					
for the who	ole group, check this box ▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and					
EINs of all	members the extension is for.					
	lest an additional 3-month extension of time until MAY 17, 20 04 .					
	alendar year, or other tax year beginningJULY 1, 20 02_ and endingJUNE 30, 20 03					
	tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period					
7 State in detail why you need the extension <u>ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE</u>						
_ANI	ACCURATE RETURN.					
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	fundable credits. See instructions NONE					
•	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
tax pa	yments made. Include any prior year overpayment allowed as a credit and any amount paid					
-	susly with Form 8868					
	ce Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit					
	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See ctions \$ 0.00					
	Signature and Verification					
Under penaltie	s of penjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true,					
correct, and co	mplete, and that I am authorized to prepare this form					
Signature ▶	MIN Date ► 02/10/2004					
	Notice to Applicant — To Be Completed by the IRS					
☐ We hav	re approved this application. Please attach this form to the organization's return					
We hav	re not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the					
organiza	ation's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be a timely return. Please attach this form to the organization's return.					
	re not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are					
	ting a 10-day grace period.					
We can	not consider this application because it was filed after the due date of the return for which an extension was requested.					
Other _						
	By					
Director	Date					
	ailing Address — Enter the address if you want the copy of this application for an additional 3-month extension					
returned to a	n address different than the one entered above.					
	Name					
_	PRICEWATERHOUSECOOPERS LLP ATTEN: JOYCE SINGLETARY					
Type or print	Number and street (include suite, room, or apt. no.) Or a P.O. box number					
hine	ONE INTERNATIONAL PLACE City or town, province or state, and country (including postal or ZIP code)					
	BOSTON, MA 02110 RE: THE EDUCATION RESOURCES INSTITUTE, INC.					
	All. The aboution resources institute, inc.					

see a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

	interr	nai Kevenue	Service The diganization may have to use a copy of this return to satisf	y state reporting re	equilements.
	A F	or the 20	03 calendar year, or tax year beginning 07/01, 20	03, and ending	06/30/2004
	B ch	eck if applicable	Please C Name of organization		D Employer identification number
		Address change	THE EDUCATION RESOURCES INSTITUTE, INC.		04-2875329
		Name change	Tabel or	Room/suite	E Telephone number
		Initial return	type.		•
		Final return	See 31 SAINT JAMES AVENUE		(617) 556-0579
		Amended	Instruc- City or town, state or country, and ZIP + 4		F Accounting method: Cash X Accrual
	-	return Application	tions. BOSTON, MA 02116		Other (specify)
	Щ.	pending	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	H and I are not an	olicable to section 527 organizations.
			trusts must attach a completed Schedule A (Form 990 or 990-EZ).		p return for affiliates? Yes X No
	G V	Nobelto: B		. ,	r number of affiliates \blacktriangleright N/A
			▶ WWW.TERI.ORG In type (check only one) ▶ X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	H(c) Are all affiliate	
					h a list. See instructions)
		Check here	If the organization's gross receipts are normally not more than \$25,000 The	H(d) Is this a separat	te return filed by an
		•	need not file a return with the IRS; but if the organization received a Form 990 Package		vered by a group ruling? Yes X No
	ŧi	n the mail,	it should file a return without financial data. Some states require a complete return.		
				'	x if the organization is not required
	_		ots Add lines 6b, 8b, 9b, and 10b to line 12 164,053,086.		B (Form 990, 990-EZ, or 990-PF)
ti	Pai		venue, Expenses, and Changes in Net Assets or Fund Balances (See page	18 of the instru	ctions.)
CAMMED			ontributions, gifts, grants, and similar amounts received:		
		a D	irect public support		1 1
5	;	b in	direct public support		1 1
$\overline{\mathbb{M}}$		C G	overnment contributions (grants)	- /	1 1
O	ľ	d to	ortal (add lines 1a through 1c) (cash \$)	1 d
الآسي		2 P	rogram service revenue including government fees and contracts (from Part VII, line 93)	2 160,691,991.
		3 M	embership dues and assessments		3 157,327.
range 		4 In	terest on savings and temporary cash investments		4 456,717.
		5 D	ividends and interest from securities		5 2,747,051.
7 2005			ross rents]]
3			ess; rental expenses		
			et rental income or (loss) (subtract line 6b from line 6a)		6c
	9	7 0	ther investment income (describe)	7
	Revenue	8a G	ross amount from sales of assets other (A) Securities (B)	Other	
	å	th	an inventory		7
			ess: cost or other basis and sales expenses 8 b		1
			ain or (loss) (attach schedule) 8c		1 1
		1	et gain or (loss) (combine line 8c, columns (A) and (B))		78 al
			pecial events and activities (attach schedule). If any amount is from gaming, check her		
_			ross revenue (not including \$ of		!
- 1			Tytibutions reported on line 1a)		!
- 1	<u></u>	VEC	ess: direct expenses other than fundraising expenses 9 b		1
- 1-	_		et income or (1985) from special events (subtract line 9b from line 9a)		196
18	8		क्री इंदे विशिष्ठ of Inventory, less returns and allowances		
	L	b 1	ess: cost of goods sold		1 1
- [COL	toss profitor (loss) from sales of inventory (attach schedule) (subtract line 10b from line	e 10a)	100
L		1417	thet revenue (from Part VII, line 103)	. 104)	11
		12 T	otal revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 164,053,086.
			rogram services (from line 44, column (B))		
	so.				
	nse		anagement and general (from line 44, column (C))		
	Expenses		undraising (from line 44, column (D))		
	ŭ		ayments to affiliates (attach schedule)		
			otal expenses (add lines 16 and 44, column (A))		
	Net Assets		xcess or (deficit) for the year (subtract line 17 from line 12)		
	Ass		et assets or fund balances at beginning of year (from line 73, column (A))		
	ē		ther changes in net assets or fund balances (attach explanation) STMT .1		
			et assets or fund balances at end of year (combine lines 18, 19, and 20) · · · · · ·		
	FOT F	aperwork ²	Reduction Act Notice, see the separate instructions.		Form 990 (2003) ¹

(A) Total

44,342

22

Form 990 (2003)

Part II

Statement of

Functional Expenses

Do not include amounts reported on line

6b, 8b, 9b, 10b, or 16 of Part I

Grants and allocations (attach schedule)

44.342. noncash \$

04-2875329

(C) Management

and general

(D) Fundraising

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

44,342

and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

(B) Program

services

23 23 Specific assistance to individuals (attach schedule) Benefits paid to or for members (attach schedule) 24 25 416,873 25 Compensation of officers, directors, etc. 416,873 26 26 Other salaries and wages 1,578,121 1,578,121 Pension plan contributions 27 -4,75327 -48,175 -43,422. 28 210,165 1,791 211,956 29 135,337 121,099 14,238 30 Professional fundraising fees Accounting fees 31 136,648 136,648 32 915,174 745,442. 169,732. 33 53,215 4,281. 48,934 33 Telephone 34 34 39,972 39,860. 112 35 <u>34,663</u> Postage and shipping 31,443 3,220 Occupancy 36 356,242 238,682 117,560. 37 2,040 Equipment rental and maintenance... 29,635 27,595 101,159 Printing and publications . . . 38 92,534. 8,625 38 39 Travel......... 100,864 90,348 10,516 40 57,243 52,759 4,484. 40 Conferences, conventions, and meetings . Interest 41 2,123 2,123 41 Depreciation, depletion, etc (attach schedule) 34 <u>6,</u>721 42 <u>60,4</u>86. 67,207 43a 43 Other expenses not covered above (itemize) STMT 3 125,099,279 123,585,263 1,514,016 43b 43c 43d 43e Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 44 129,331,878. 126,925,774. 2,406,104. NONE ່ if you are following SOP 98-2. Joint Costs. Check ▶ ; (ii) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs \$ (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments (See page 25 of the instructions.) Program Service What is the organization's primary exempt purpose? ▶ STMT 4 Expenses (Required for 501(c)(3) and All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs , and 4947(a)(1) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) trusts, but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) others) THE ENTITY ACHIEVES ITS EXEMPT PURPOSE BY FUNCTIONING AS A GUARANTOR OF STUDENT LOANS AND GRANTS (Grants and allocations \$ 126,925,774. (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ Other program services (attach schedule) (Grants and allocations \$ Total of Program Service Expenses (should equal line 44, column (B), Program services). 126,925,774. Form 990 (2003) 3E1020 1 000

04-2875329

Page 3

Form 990 (2003)

Р	art IV				
1	Vote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	15,365,076.		9,300,959.
	46	Savings and temporary cash investments	NONE	46	48,016,072.
Assets	48a b 49 50 51a b 52	Accounts receivable Less: allowance for doubtful accounts Pledges receivable Less: allowance for doubtful accounts Grants receivable Receivables from officers, directors, trustees, and key employees (attach schedule) Other notes and loans receivable (attach schedule) Less: allowance for doubtful accounts STMT 4A 51a 39,587,882 Less: allowance for sale or use	37,087,868.	48c 49 50 51c 52	39,587,882.
	53	Prepaid expenses and deferred charges	121,968. 84,504,684.		33,882. 125,871,783
Labilities	56 57a b 58 59 60 61 62 63	Investments - securities (attach schedule) STMT 5. ► Cost X FMV Investments - land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule) Investments - other (attach schedule) Land, buildings, and equipment: basis . 57a 547,401. Less: accumulated depreciation (attach schedule) STMT 34 57b 116,339. Other assets (describe ► STMT 6) Total assets (add lines 45 through 58) (must equal line 74) Accounts payable and accrued expenses Grants payable Deferred revenue	41,260. NONE 170,126,370. 3,408,990. NONE	55c 56 57c 58 59 60 61 62 63 64a	431,062. 33,965,386. 285,447,397. 1,586,588. 17,179,314.
	65	Other liabilities (describe ► STMT 9)	116,978,639.		178,421,414.
	66	Total liabilities (add lines 60 through 65)	120,387,629.	66	202,873,960.
Balances	67 68 69	67 through 69 and lines 73 and 74. Unrestricted Temporarily restricted Permanently restricted	34,445,513. 13,293,228. 2,000,000.	67 68 69	67,280,209. 13,293,228. 2,000,000.
Net Assets or Fund Balances	70 71 72 73	Inizations that do not follow SFAS 117, check here and complete lines 70 through 74. Capital stock, trust principal, or current funds		70 71 72	
_	74	column (A) must equal line 19; column (B) must equal line 21)	49,738,741. 170,126,370.		82,573,437. 285,447,397.
	74	I oral manifers and her assers / fully balances (add lines of and /3) · · · ·	110,120,310.	<u>, , , , , , , , , , , , , , , , , , , </u>	400,331,331.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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FIII2	onciliation of Revenue Incial Statements with Im (See page 27 of th	1 (everiue Der		Par	t IV-B	Reconci Financia Return	iliation al Stat	of Expends	enses p with Ex	er Audit kpenses	ed per
	gains, and other support		<u> </u>		а	Total	expenses	and k	osses p	per		
per audited fin	ancial statements 🔒 🕨	a	162,166,5	74.		audited	i financial st	tatemer	nts	▶ <u>a</u>	129,	<u>331,878</u>
b Amounts inclu	ded on line a but not on		ĺ		b	Amoun	ts included	on line	a but no	ot		
line 12, Form	990:			- 1		on line	17, Form 9	90:		ł		
(1) Net unrealized ga	ains				(1)	Donated	l services			- 1		
on investments	\$ -2,005,409.					and use	of facilities	\$				
(2) Donated services	•			- 1	(2)	Prior yea	ar adjustment	ts				
and use of facilit	es <u>\$</u>			- 1		reported	on line 20,					
(3) Recoveries of pri	or	1		- 1		Form 99	0	\$				
year grants , .	\$				(3)	Losses r	reported on					,
(4) Other (specify):						line 20,	Form 990	\$	·			
		l		- 1	(4)	Other (sp	pecify):			- 1	İ	
STMT 10	\$ 118,897.									ŀ		
Add amounts of	on lines (1) through (4)	Ь	-1,886,5	12.				\$			İ	
						Add amo	ounts on lines	s (1) thro	ough (4)	. ▶ b		
c Line a minus li	ne b ▶	C	164,053,0	86.	C	Line a n	minus line b			. ▶ c	129,	331,878
d Amounts inclu		Г					ts included					
Form 990 but	not on line a:			- 1		Form 9	90 but not	on line :	a:	- 1	1	
(1) Investment exper	nses	ı		1	(1)	Investme	ent expenses					2
not included on l					` '	not inclu	ided on line					
6b, Form 990				1			n 990	t		Ì		
(2) Other (specify)	•••			1		Other (sp						
(1) Cirio (opeciny)				1	ν-,	(0)	,,,,,			į		
		l		1				.		- 1		
Add amounts o	on lines (1) and (2) >	d		- 1		Add am	ounts on lir	nes (1)	and (2)	d	1	
	per line 12, Form 990	Ť					(penses pe				<u> </u>	·
	d) ▶		164 053 0								120 2	221 070
	Name and address			ho	urs pe	d average er week position	(C) Compe (if not paid -0-)	i, enter	employee	tributions to benefit plans compensatio	& accour	Expense nt and other nwances
SEE STATEMENT	हा। -13			-			416	<u>,873.</u>		28,79	2.	NON
												·
				_								
				_		_					 	
								·			<u> </u>	 -
				<u> </u>								
							-				-	
								_				
				<u></u>								
										<u></u>		
organization and	lirector, trustee, or key emp all related organizations, of chedule - see page 28 of the	whi	ch more than \$10						-	• [Yes	X No
	· · ·											990 (2003

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	230			
	n 990 (2003) 04-2875329			Page 5
Pa	rt VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.	l		
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	<u>A</u>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common		-	
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	х	
b	If "Yes," enter the name of the organization TERI FINANCIAL SERVICES, INC.	- 1	1	
	and check whether it is X exempt or nonexempt.	- 1	-	
81 a	Enter direct and indirect political expenditures. See line 81 instructions	1	,	
Ь	Did the organization file Form 1120-POL for this year?	81Ь		<u>_x</u>
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a	x	
b	If "Yes," you may indicate the value of these items here. Do not include this amount		1	
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	- 1		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83Ь	x	
34 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/	<u> </u>
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	- [
	or gifts were not tax deductible?	84Ь	N/	<u> </u>
35	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/	A
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.		1	
С	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures		i	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		I	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		- 1	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable	1	- }	
	, , , , , , , , , , , , , , , , , , , ,	85h	N/	<u> </u>
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
Ь	Gross receipts, included on line 12, for public use of club facilities		1	
37	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other	- 1	I	
	sources against amounts due or received from them.)		ı	
8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections	1	- 1	
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		<u>X</u>
39 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under:		- 1	
	section 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE		1	
Ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	- 1		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	i	1	
	· · · · · · · · · · · · · · · · · · ·	89Ь]		X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		N	ONE
	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N	<u>IONE</u>
	List the states with which a copy of this return is filed MASSACHUSETTS			
		90Ь		
1	The books are in care of MICHAEL GAMBEE Telephone no (617) 55	6-05	579	
	Located at ► 31 ST. JAMES AVE, BOSTON MA ZIP+4 ► 02116			
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			·
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	1	N/A	

Form 990 (2003) Part VII A	Inalysis of Income-Produc	ing Activi	ties (See pag	e 33 of the ins	04-287 tructions.)		Page 6	
	ss amounts unless otherwise		lated business in		ded by section	(E)		
indicated.	service revenue:	(A) Business code	(B) Amour	t (C)		(D) Amount	Related or exempt function income	
	ntee fees						124,654,285.	
	NATION FEES						11,765,957.	
-	ACTUAL INCOME						3,143,508.	
	REVENUE						2,061.	
	UAL INTEREST						21,126,180.	
	Medicaid payments				 	***		
	contracts from government agencies							
_	hip dues and assessments						157,327.	
	•			14		456,717.	137,327.	
	avings and temporary cash investments			14				
	and interest from securities			14		2,747,051.		
	I income or (loss) from real estate:							
	nced property							
b not debt-f	inanced property					-		
	come or (loss) from personal property							
99 Other inve	estment income							
100 Gain or (loss	s) from sales of assets other than inventory							
101 Net incom	ne or (loss) from special events .							
102 Gross profi	it or (loss) from sales of inventory							
103 Other reve	enue: a						<u> </u>	
b							 	
c		_						
d								
e								
104 Subtotal (add columns (B), (D), and (E))					3,203,768.	160,849,318.	
105 Total (add	t line 104, columns (B), (D), and (E))				· · · •	164,053,086.	
	plus line 1d, Part I, should equal ti							
Part VIII R	Relationship of Activities t	o the Acc	omplishment	of Exempt Pu	rposes (S	See page 34 of the	e instructions.)	
Line No. Ex	plain how each activity for which	income is re	eported in colum	n (E) of Part VII c	ontnbuted in	mportantly to the accom	nplishment	
₩ of	the organization's exempt purpos	es (other th	an by providing fu	ınds for such purpo	oses).			
s	TMT 19							
Part IX In	formation Regarding Taxa	ble Subsi	diaries and D	isregarded En	tities (Se	e page 34 of the i	instructions.)	
	(A)		(B)	(C)	<u> </u>	(D)		
Name, address, and EIN of corporation, partnership, or disregarded entity			Percentage of ownership interest	Nature of activities		Total income	(E) End-of-year assets	
				%			42000	
N/A			%		·			
			%					
			%	- 				
D-4V In	formation Regarding Tran	oforo Aco		Paragnal Pana	Sit Contro	nets (San nasa 34	of the instructions \	
	 							
	ganization, during the year, receive ar						Yes X No	
• •	organization, during the year,				a persona	al benefit contract?	Yes X No	
Note: If "Yes	" to (b), file Form 8870 and Fo						M-1-1-1-1-1	
	Under penalties of perjury, I decla and belief, it is true, correct, and o	re that I have completer Dec	examined this return claration of prepare	n, including accompaint (other than officer) is	nying schedul s based on all	es and statements, and to information of which prepa	arer has any knowledge.	
Please	I MI I)	() 91	A. c					
Sign	I Inchae		noce_			1 4/14/0	<u> </u>	
	Signature of officer	1 (i	一		Date 🗗 🚺		
Here	IN Michae	J (5A	mbee	Ireasure				
	Type or print name and title	4						
	Preparer's	2 1.	. Jus	Date			er's SSN or PTIN (See Gen Inst. W)	
Paid	signature	() (th	wi"	1 44	() sel	f- nployed ▶		
Preparer's	100	TEWATER	HOUSECOOPE	RS 1,1.D	<u> </u>		3-4008324	
Use Only	firm's name (or yours if self-employed),		FICE SQUA		<u> </u>		- 3000343	
	address, and ZIP + 4				2109	Phone no ► 61	17-530-5000	

Form **990** (2003)

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 106 of

SCHEDULE A (Form 990 or 990-EZ) Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.) OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

THE EDUCATION RESOURCES INSTITUTE, INC. 04-2875329 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average (d) Contributions to (e) Expense (a) Name and address of each employee paid more mployee benefit plans & account and other hours per week (c) Compensation than \$50,000 devoted to position deferred compensation allowances PAULA CLARK GEAR UP DIRECTOR THE ED. RESOURCES INST. INC. ST. JAMES AVE., BOSTON, MA 37.5 HR/WK 63,430 12,324 NONE MIKE BEATTY MANAGERIAL ATTORNEY THE ED. RESOURCES INST. INC. 31 ST. JAMES AVE., BOSTON, MA 37.5 HR/WK 99,413 13,600 NONE JANE ANCRUM HORTON DIR OF ED ADVISEMENT THE ED. RESOURCES INST. INC. ST. JAMES AVE., BOSTON, MA 37.5 HR/WK 47,306 6,861 NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation FIRST MARBLEHEAD EDU. RES, INC. 31 ST. JAMES AVE., BOSTON, MA 02116 OPERATIONAL SVCS 34187391. TERI MARKETING SVC, INC. 31 ST. JAMES AVE., BOSTON MA 02116 OPERATIONAL SVCS 912,194. ZWICKER & ASSOCIATES, P.C. 3 RIVERSIDE DRIVE, N. ANDOVER, MA 01810 COLLECTION AGENCY 480,825. VAN RU CREDIT CORPORATION 1550 N. NE HWY STE 335, PARK RIDGE, COLLECTION AGENCY 326,934. AURORA CONSULTING 25 BRAINTREE HILL PK STE 407, BRAINTREE, MAONIS CONSULTING SERVICES 1,082,244. Total number of others receiving over \$50,000 for

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. JSA

Schedule A (Form 990 or 990-EZ) 2003

professional services

Sche	edule A	A (Form 990 or 990-EZ) 2003 04-2875329		F	age 2			
Рa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No			
1	Duri	ing the year, has the organization attempted to influence national, state, or local legislation, including any						
	atte	mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid	}		1			
	or in	ncurred in connection with the lobbying activities > \$ NONE (Must equal amounts on line 38,]					
	Part	VI-A, or line i of Part VI-B.)	1		X			
	Orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other						
	orga	inizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of	ł					
	the I	lobbying activities.	İ		İ			
2	Duri	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any	İ					
	subs	stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or	·		1			
	with	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority						
	own	er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining						
		transactions.)						
а	Sale	e, exchange, or leasing of property?	2a	X	<u> </u>			
					1			
b	Lend	ding of money or other extension of credit?	2b		X			
		Service of the servic			ŀ			
C	Furr	nishing of goods, services, or facilities?	2c	X	<u> </u>			
					1			
d	Payr	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? FORM 990 PART F	2d	X	 			
					[
e		asfer of any part of its income or assets?	2 e		X			
3 a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how						
		determine that recipients qualify to receive payments.)	3 a	X_				
ь	ро у	ou have a section 403(b) annuity plan for your employees?	3 b	<u> </u>	-			
4	Did	you maintain any separate account for participating donors where donors have the right to provide advice						
•		he use or distribution of funds?	4		x			
			**					
Pai	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)						
he	organi	ization is not a private foundation because it is: (Please check only ONE applicable box.)						
5	\Box	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).						
6	П	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)						
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).						
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).						
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name,	city,					
		and state >						
0		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(i	v).				
		(Also complete the Support Schedule in Part IV-A.)						
1a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public.						
		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
1 b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
2	Х	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gros	s					
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3%	of					
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqu	ıred					
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)						
3		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	IS					
		described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See						
		section 509(a)(3).)						
		Provide the following information about the supported organizations, (See page 5 of the instructions.)						
		(b) Line number						
		(a) Name(s) of supported organization(s) from a	bove					
14	 ,	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)						

Schedule A /

Schedule A (Form 990 or 990-EZ) 2003

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2002 (b) 2001 (c) 2001 (d) 200a (e) Total STUB PERIOD 15 Gifts, grants, and contributions received. (Do 1,735,704. not include unusual grants. See line 28.) NONE NONE 1,077,684. 2,813,388. 507,320. 120,032. 77,572. 1,323,170. 2,028,094. 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 86,374,504. 52,561,303. 8,718,690. 24,154,334. organization's charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 2.511,607. 2,997,199. 2,159,204. 5,421,808. 13,089,818. Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on The value of services or facilities furnished to 21 the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 189740131. 2,631,639. 3,074,771. 3,744,208. 8,480,682. 890,061. 556,361. 124,629. 326,350 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NQT APPLICABLE 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b d Add: Amounts from column (e) for lines: 18 19 22 26b 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) NONE (2001) NONE (2000) NONE (1999) NONE b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2002) NONE (2001) NONE (2000) NONE (1999) NONE c Add: Amounts from column (e) for lines: 15 2,813,388.16 2,028,094. 17 _ 171,808,831.20 _____ 21 ___ NONE ▶ 27d NONE and line 27b total . . d Add Line 27a total g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g | 93.1012 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Private School Questionnaire (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2003

04-2875329

Page 4

	(To be compl	eted ONLY by schools that checked the box on line 6 in Part IV) NOT APPLIC	:ABL	<u>.</u>	
 29	9 Does the organization I	have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrum	nent, or in a resolution of its governing body?	29		<u></u>
30		include a statement of its racially nondiscriminatory policy toward students in all its			
		and other written communications with the public dealing with student admissions,	1		1
31	programs, and scholars	nips? ublicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
31		n for students, or during the registration period if it has no solicitation program, in a way			l
		known to all parts of the general community it serves?	31		
		pe; if "No," please explain. (If you need more space, attach a separate statement.)			
			:		
			}		
• •	Dana Maranania Mina	walakala kha fallansia m			
32		racial composition of the student body, faculty, and administrative staff?	32a		
		that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
		·	32b		
	c Copies of all catalogue	s, brochures, announcements, and other written communications to the public dealing			
		s, programs, and scholarships?	32c		<u> </u>
	d Copies of all material u	sed by the organization or on its behalf to solicit contributions?	32d		
	•	o any of the above, please explain. (If you need more space, attach a separate statement.)]		
33	3 Does the organization of	discriminate by race in any way with respect to:			
4	a Students' rights or privil	eges?	33a		
	A 1 - 2 - 1 - 1				
ı	b Admissions policies?		33b		
	c Employment of faculty	or administrative staff?	33c		
			300		
(d Scholarships or other fi	nancial assistance?	33d		
•	e Educational policies?		33e		
	f Use of facilities?				
•	1 Ose of facilities?		33f		
(g Athletic programs?		33g		
ł	h Other extracurricular ac	tivities?	33h	[
				- 1	
	•	o any of the above, please explain. (If you need more space, attach a separate statement.)			
				Ì	
34a	a Does the organization r	eceive any financial aid or assistance from a governmental agency?	34a		
ŧ	-	right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to	o either 34a or b, please explain using an attached statement.		- 1	
35	Does the argonization of	ertify that it has complied with the applicable requirements of sections 4.01 through 4.05		1	
. J	-	75-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Sch	edule A (F	orm 990 or 990-	EZ) 2003				75329				Page 5
Pa	rt VI-A		xpenditures by Elec								
			pleted ONLY by an		·						
<u>Che</u>	ck ▶a	if the organi	zation belongs to an affil	iated group. Check	▶ b if you	checke		"limite a)	d cor	ntrol" provisions (b)	арріу.
			imits on Lobbying	-		.	Affiliate	d grou als	IP .	To be comple for ALL elect organization	ting
			"expenditures" means			r - 	-			organization	
_			tures to influence publ			36				<u> </u>	
37		,	tures to influence a le			37					
38			tures (add lines 36 an			39					
39			expenditures		• • • • • • • •	40					
40 41			mount. Enter the amo			10					•••••
٠.	•	nount on line 4		bbying nontaxable ar							
				• -	1						
	Over \$500	0.000 but not over	\$1,000,000 \$100,00	00 plus 15% of the excess	over \$500,000					1	
			er \$1,500,000 \$175,00			41				-	
			er \$17,000,000 \$225,00								
			\$1,000,								
42			amount (enter 25% o			42					
43			ine 36. Enter -0- if line			43	<u>.</u>	•		<u> </u>	
44	Subtrac	t line 41 from li	ine 38. Enter -0- if line	41 is more than line	38	44					
		. 16 45 !		42 or line 44 year mare	t file Form 1720						
	Caution	; if there is an	amount on either line	Averaging Period		501(n)				
	(S	ome organizati	ons that made a secti					ve col	umns	below.	
	(0.	omo organizac		ons for lines 45 throug							
		<u></u> .,		Lobbying Expendi					riod		
	Calendar	year (or fiscal	(a)	(b)	(c)	l		d)		(e)	
		nning in) ▶	2003	2002	2001			000		Total	
		nontaxable									
45		· • • • • • • • • • • • • • • • • • • •			<u> </u>			,			
	Lobbying	ceiling amount		· · ·							
<u>46</u>	(150% of	line 45(e))									
47	Total lobb	ying expenditures									
	Grassroo	ots nontaxable				1					
48	amount										
	Grassroot	s ceiling amount				1					
<u>49</u>		line 48(e)) • •					 				
		ots lobbying				1					
		ures	ctivity by Nonelect	ing Public Charities	<u> </u>					l	
Pa	rt VI-B		ing only by organiza			A) (Se	ee page 1	2 of 1	he in	structions.)	
Dur	ing the ve		ization attempt to influer								
			nion on a legislative mat			,		Yes	No	Amount	
			<u>.</u>						х		
b	Paid sta	aff or managen	nent (Include compens	sation in expenses rep	orted on lines c tl	rough	h.)		x		
C	Media a	dvertisements							X		NONE
d			legislators, or the publ					<u> </u>	x		NONE
е			hed or broadcast state						x		NONE
f			zations for lobbying pu					<u> </u>	х		NONE
g		-	islators, their staffs, g					<u> </u>	x		NONE
h	•		s, seminars, convent	<u>-</u>	s, or any other me	eans .		\vdash	X		NONE
ı			tures (Add lines c thro					<u> </u>		<u>. </u>	NONE
JSA	If "Yes"	to any of the a	bove, also attach a st	atement giving a deta	illed description o	of the lo	obbying act			(Form 990 or 990-E	7) 2002
JSA								JUILED	JIE A		

3E1240 2 000

Schedule A (Form 990 or 990-EZ) 2003

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 112 of **Application for Extension of Time To File an**

(December 2000)

Department of the Treasury Internal Revenue Service

Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you are f	iling for an Automatic 3-Month Extension, complete only Part I and check this box.	▶ 🗷
• If you are f	iling for an Additional (not automatic) 3-Month Extension, complete only Part II (or	page 2 of this form).
Note: Do no	t complete Part II unless you have already been granted an automatic 3-month ext	ension on a previously filed
Form 8868.		
Part L	Automatic 3-Month Extension of Time — Only submit original (no copies ne	eded)
Note: Form	<mark>990-T corporations</mark> requesting an automatic 6-month extension — check this box and c	complete Part I only ▶ 🔲
All other corp	orations (including Form 990-C filers) must use Form 7004 to request an extension of til	me to file income tax returns.
Partnerships,	REMICs and trusts must use Form 8736 to request an extension of time to file Form 10)65, 1066, or 1041.
Type or	Name of Exempt Organization	Employer identification number
print	THE EDUCATION RESOURCES INSTITUTE, INC.	04-2875329
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	31 ST. JAMES AVENUE, 6TH FLOOR	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	BOSTON, MA 02116	
Check type of	f return to be filed (file a separate application for each return):	
x Form 990	Form 990-T (corporation)	Form 4720
Form 990		Form 5227
Form 990-		Form 6069
Form 990-		☐ Form 8870
==		
_	zation does not have an office or place of business in the United States, check this box	—
	a Group Return, enter the organization's four digit Group Exemption Number (GEN) _ group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attact	
	embers the extension will cover.	Ta list with the flames and
	· · · · · · · · · · · · · · · · · · ·	John T. D. O. O.E.
	an automatic 3-month (6-month, for 990-T corporation) extension of time until	
	exempt organization return for the organization named above. The extension is for the	organization's return for.
	alendar year 20 or	
▶ 🗶 ta	x year beginning July 1, 20 03 , and ending Ju	<u>ne 30, 20 04</u> .
2 If this tax	year is for less than 12 months, check reason:	☐ Change in accounting period
3a If this ap	olication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any
nonrefun	dable credits, See instructions	\$ None
b If this app	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	ayments
made. In	clude any prior year overpayment allowed as a credit	\$ None
c Balance	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	deposit
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	
instructio	ns	\$ 0.00
	Signature and Verification	
Inder penalties of	penury, I declare that I have examined this form, including accompanying schedules and statements, and to the I	sest of my knowledge and belief, it is true,
unect, and comple	ete, and that I am authorized to prepare this form.	
	Kan & I. I.	
ignature ►	Title ► CPA	Date ► 11/1/2004
or Paperwork F	Reduction Act Notice, see Instruction	Form 8868 (12-2000)

Form 8868 /	(Rev. 12-2004)	Page 2
• If you a	are filing for an Additional (not automatic) 3-Month Extension, complete only complete Part II if you have already been granted an automatic 3-month extension	Part II and check this box ▶ 🗓
	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1	
Part II	Additional (not automatic) 3-Month Extension of Time—Must File	Original and One Copy.
Type or	Name of Exempt Organization	Employer identification number
print	THE EDUCATION RESOURCES INSTITUTE, INC.	04-2875329
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
extended due date for	31 ST. JAMES AVENUE, 6TH FLOOR	
filing the return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
nstructions.	BOSTON, MA 02116	the state of the s
Check typ	be of return to be filed (File a separate application for each return):	A
☑ Form 9	90 Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 9	990-BL Form 990-T (trust other than above)	☐ Form 6069
Form 9		☐ Form 8870
Form 9		
STOP: Do	not complete Part II if you were not already granted an automatic 3-month exte	nsion on a previously filed Form 8868.
· The book	s are in the care of ▶ Mr. Peter Henderson	<u> </u>
Telephon	ne No. ► <u>(617) 556-0536 -</u> FAX No. ►	
If the org	anization does not have an office or place of business in the United States, che	eck this box ▶ □
	for a Group Return, enter the organization's four digit Group Exemption Number	
	ole group, check this box $ ightharpoonup$. If it is for part of the group, check this box	► □ and attach a list with the
	EINs of all members the extension is for.	
		, 20 <u>_05</u>
	alendar year, or other tax year beginningJuly 1, 2003, and	
	tax year is for less than 12 months, check reason: Initial return Final	
7 State	in detail why you need the extension Additional time is needed	to file a complete
and	accurate return.	
		
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	
	fundable credits. See instructions	\$ None
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cred	
	ayments made. Include any prior year overpayment allowed as a credit and	any amount paid s None
•	usly with Form 8868	· · · · · · · · · · · · · · · · · · ·
	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if ID coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	
WILLI	······································	. See insudcuons. 4
nder penalties	Signature and Verification s of perium, I deduce that I have examined this form, including accompanying schedules and statemen	ts, and to the best of my knowledge and belief
is true, correc	s of perjury, I declare that I have examined this form, including accompanying schedules and statements, and complete, and that I am authorized to prepare this form.	is, and to an out or my knowing and some,
gnature ►	MMXP) \ JMM Title ► CPA	Date ► 02/10/2005
gridiare		
18/2 6	Notice to Applicant—To Be Completed by the IF	
	re approved this application. Please attach this form to the organization's return.	' '
date of otherwis	re not approved this application. However, we have granted a 10-day grace period from the the organization's return (including any prior extensions). This grace period is considered the organization's return. Please attach this form to the organization's return.	o be a valid extension of time for elections um.
	re not approved this application. After considering the reasons stated in item 7, we cannot	grant your request for an extension of time
	We are not granting a 10-day grace period.	for which an ordenaine was accounted
	not consider this application because it was filed after the extended due date of the retu	m for which an extension was requested.
Other		
		•
ector	By	Date
	ailing Address — Enter the address if you want the copy of this application for	
	an address different than the one entered above.	
1	Name	
	PricewaterhouseCoopers LLP Atten: Joyce Singl	etarv
no 05	Number and street (include suite, room, or apt. no.) or a P.O. box number	1
pe or l	One International Place	
··· }	City or town, province or state, and country (including postal or ZIP code)	
	· · · · · · · · · · · · · · · · · · ·	SOURCES INSTITUTE, INC.
I	,	

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FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION **AMOUNT** -----

INVESTMENTS IN SUBSIDIARIES 118,897.

> TOTAL 118,897.

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FORM 990	, PART	I	-	OTHER	DECREASES	IN	FUND	BALANCES
----------	--------	---	---	-------	-----------	----	------	----------

DESCRIPTION AMOUNT

UNREALIZED LOSS ON INVESTMENTS 2,005,409.

> TOTAL 2,005,409.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 6/30/2004

FORM 990, PART II, LINE 22

LIST OF GRANTS & ALLOCATIONS PAID

<u>Description</u>	I	OTAL
BPE/Access	\$	20,000
Matching Gifts-Employee Donations/TERI Match	\$	18,750
World Team Sports	\$	1,000
NEOA	\$	1,000
Jean & Terry Hood Scholarship	\$	1,000
Oriental Trading Company, Inc.	\$	742
UMASS Boston	\$	540
Dollars for Scholars	\$	500
Boston Jaycees	\$	500
Bowdoin College	\$	250
Asian American Civic Association	\$	60
TOTAL - Grants & Alloc. Paid	\$	44,342

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 6/30/2004

FORM 990, PART II. LINE 42 & PART IV. LINE 57

Furniture & Fixtures	178,837
Machinery & Equipment	31,917
Computer Equipment	102,631
Software Acquisitions	59,821
Leasehold Improvements	174,195
	547,401
Less Accumulated Depreciation	(116,339)
	431,062

Depreciation Expense for the Year Ended June 30, 2004 was \$67,207.

FORM 990, PART II - OTHER EXPENSES

		PROGRAM	MANAGEMENT
DESCRIPTION	TOTAL	SERVICES	AND GENERAL
PROV. FOR LOAN LOSS RESERVE	83591232.	83591232.	0
OUTSIDE CONSULTANTS	1,867,316.	589,626.	$\frac{1}{2}$ 1,277,690.
PROFESSIONAL FEES	35356073.	35158216.	6 197,857.
BANK CHARGES	173,811.	173,811.	· 😥
MISCELLANEOUS	71,171.	36,851.	34,320.
ADVERTISING	8,447.	5,947.	2,500.
COLLECTION COSTS	4,023,676.		2,500.
AUTOMOBILE	1,649.	, ,	<u> 1,649.</u>
PLACEMENT FEES	5,904.	5,904.	4
TOTALS	125000270	102505062	T1 E14 016
TOTALS	125099279.	123585263.	$\frac{1}{2}$ 1,514,016.
		=======	<u> </u>
			0
			- - - - - - - - - -
			$\widetilde{\omega}$
			01/23/20
			_

Entered 01/23/20 07:32:51 290

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FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ENTITY'S PURPOSE IS TO ASSIST STUDENTS IN OBTAINING AN EDUCATION WHILE ASSISTING EDUCATIONAL INSTITUTIONS IN PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 6/30/2004

FORM 990, PART IV, LINE 51

PORM 990, PART 19, ENVE 31	BEGINNING BOOK VALUE	ENDING BOOK VALUE
NOTES RECEIVABLE - TFSI	1,100,864	1,098,120
NOTES RECEIVABLE - FMC	6,674,019	6,061,153
STUDENT LOANS RECEIVABLE	29,312,985	32,428,609
TOTAL	37,087,868	39,587,882

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 121 of 290

THE EDUCATION RESOURCES INSTITUTE, INC.

04-2875329

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
GOVERNMENT AGENCY OBLIGATIONS COMMERCIAL PAPER CERTIFICATES OF DEPOSIT BONDS	73,361,878. 1,933,364. 7,513,845. 1,695,597.	120,110,877. NONE 4,250,418. 1,510,488.
TOTALS	84,504,684.	125,871,783.

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THE EDUCATION RESOURCES INSTITUTE, INC.

04-2875329

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION

BEGINNING ENDING
BOOK VALUE
BOOK VALUE

RESIDUAL INT IN PORTFOLIOS

NONE 33,965,386.

TOTALS

NONE 33,965,386.

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 123 of

THE EDUCATION RESOURCES INSTITUTE, INC. 290

04-2875329

FORM 990, PART IV - DEFERRED REVENUE

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
DEFERRED REVENUE	NONE	1,294,577.
DEFERRED GUARANTEE FEE INCOME	NONE	15,884,737.
TOTALS	NONE	17,179,314.
IOIALS	NONE	

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 124 of The Education Resources Institute, Inc. 290 04-2875329

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: DUE TO FMER

BEGINNING BALANCE DUE NONE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE NONE

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 5,686,644. Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 125 of

THE EDUCATION RESOURCES INSTITUTE, INC. 290

04-2875329

FORM 990, PART IV - OTHER LIABILITIES

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
LOAN LOSS RESERVE	107,942,083.	180,465,365.
DEFERRED GUARANTEE FEE INCOME	9,578,241.	NONE
INVESTMENT IN SUBSIDIARY	-2,059,503.	-2,178,399.
ACCRUED PENSION LIABILITY	310,282.	134,448.
DEFERRED REVENUE	1,207,536.	NONE
TOTALS	116,978,639.	178,421,414.

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 126 of the EDUCATION RESOURCES INSTITUTE, INC290 04-2875329

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION : AMOUNT

INVESTMENT IN SUBSIDIARIES 118,897.

TOTAL 118,897.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
HOWARD JACOBSON THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	34,500.	NONE Case 1	NONE
BARBARA E. TORNOW THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116		24,000.	19-90065-LT	NONE
DR. SHERRY PENNEY THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116		43,500.	Filed 01/23/20	NONE
DR. SYLVIA Q. SIMMONS THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	36,500.	NONE	. NONE
EDWARD PIANA THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	22,000.	NONE Entered 01/23/20 07:32:51	NONE
ANDRE BELL	DIRECTOR 7 HRS/WK	17,000.	25 NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	
THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE				
BOSTON, MA 02116 RICHARD A. WILEY, ESQ THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE		29,500.	NONE NONE Case 19-90065-	NONE
BOSTON, MA 02116 ANN S. COLES THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE	SENIOR V.P. FOR EDUCATION SERVICES 37.5 HRS/WK	ON 209,873 .	⁻ 31,768.	NONE
BOSTON, MA 02116 LAWRENCE O'TOOLE THE EDUCATION RESOURCES INSTITUTE, INC.	PRESIDENT/DIRECTOR 24 HRS/WK	* NONE	Filed 01/23/20	NONE
THE EDUCATION RESOURCES INSTITUTE, INC.	TREASURER/DIRECTOR 30 HRS/WK	* NONE	Entered 01/2	NONE
31 SAINT JAMES AVENUE BOSTON, MA 02116 ARTURO IRIARTE THE EDUCATION RESOURCES INSTITUTE, INC.	Assistant Clerkl EXECUTIVE DIRECTOR 37.5	98,475.	01/23/20 07:32:51	NONE

*COMPENSATION TO THESE INDIVIDUALS
IS PROVIDED BY AURORA CONSULTING,
WHICH TERI COMPENSATES FOR CONSULTING SERVICES.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

		==	CONTRIBUTIONS	EXPENSE ACCT
NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION		TO EMPLOYEE BENEFIT PLANS	AND OTHER ALLOWANCES
31 SAINT JAMES AVENUE BOSTON, MA 02116				
JANE DIXON THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	CLERK 3 HRS/WK	** NONE	NONE Case 19-900	NONE
	GRAND TOTALS	515,348.	49,606.	NONE
			Filed 01/23/20	
			Entered (

**JANE DIXON IS COMPENSATED FOR SERVICES AS AN INDEPENDENT CONTRACTOR, NOT AS CLERK OF TERI.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 06/30/2004

FORM 990, PART VI, LINE 82B

THE BOSTON PUBLIC LIBRARY PROVIDES THE EDUCATION RESOURCES INSTITUTE, INC. WITH FREE SPACE FOR THE OPERATION OF THE HIGHER EDUCATION INFORMATION CENTER WHICH PROVIDES INFORMATION TO HIGH SCHOOL STUDENTS AND THEIR FAMILIES ABOUT FINANCIAL AID FOR POST-HIGH SCHOOL EDUCATION AND CAREER OPPORTUNITIES. THE VALUE OF THIS SPACE IS NOT INCLUDED AS REVENUE OR EXPENSE.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME LINE IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES NO.

93-THE EDUCATION RESOURCES, INC. (TERI) WAS INCORPORATED IN JUNE 1985 FOR THE PURPOSES OF AIDING STUDENTS IN ATTAINING 94 AN EDUCATION AND ASSISTING EDUCATIONAL INSTITUTIONS IN PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION. TO ACHIEVE THIS PURPOSE THE COMPANY FUNCTIONS AS A GUARANTOR OF STUDENT LOANS DISBURSED BY PARTICIPATING LENDING INSTITUTIONS. IN ADDITION, TERI'S HIGHER EDUCATION INFORMATION CENTER DIVISION RECEIVES FUNDS FROM FEDERAL, STATE AND PRIVATE GRANTS AND THROUGH MEMBERSHIP FEES FROM COLLEGES AND UNIVERSITIES. THESE REVENUES ARE USED TO PROVIDE INFORMATION TO HIGH SCHOOL STUDENTS AND THEIR FAMILIES ABOUT FINANCIAL AID FOR POST-HIGH SCHOOL EDUCATION AND CAREER OPPORTUNITIES.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 6/30/2004

FORM 990, SCHEDULE A, PART III, LINE2 (a)

During fiscal years 2004 and 2003, TERI's Board of Directors included one member who was also a member of the Board of Directors of American Student Assistance and one member who was on the Board of Directors of FMER. FMER is a subsidiary of FMC and provides administrative services to support TERI operations. For fiscal years 2004 and 2003, TERI paid \$35,099,585 and \$20,534,471, respectively, to FMER for services rendered under the Master Servicing Agreement. TERI is a 25% beneficial owner of the residual value of TERI guaranteed loans held in trusts created by FMC. Residual interest in securitized portfolios from these trusts accounted for 12.97% and 11.26% of TERI's total revenue for the years ended June 30, 2004 and 2003, respectively.

TERI leased office facilities from American Student Assistance under an operating lease that expired March 31, 2003. The lease provided for real estate taxes, insurance and maintenance costs in addition to fixed annual rentals. Payments under the lease totaled \$540,351 for the year ended June 30, 2003, of which FMER reimbursed TERI for \$430,050. During fiscal 2003, TERI relocated its offices to 31 St. James Avenue, Boston, Massachusetts. During fiscal years 2004 and 2003, TERI subleased office space from FMER. Payments made to FMER totaled \$113,130 and \$80,141 for the years ended June 30, 2004 and 2003, respectively.

FORM 990, SCHEDULE A, PART III, LINE2 (c)

RICHARD WILEY IS A DIRECTOR OF TERI. DURING THE FISCAL YEAR ENDED JUNE 30, 2004, TERI PAID FOLEY HOAG, LLP. \$33,531 FOR LEGAL SERVICES AND EXPENSES. MR. WILEY IS OF COUNSEL AT FOLEY HOAG, LLP.

THE PRESIDENT AND TREASURER OF TERI ARE PAID BY AURORA CONSULTING. TERI PAYS AURORA CONSULTING FOR CONSULTING SERVICES.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 06/30/2004

FORM 990, SCHEDULE A, PART III, LINE 4

CHARITABLE ORGANIZATIONS QUALIFY FOR RECEIVING GRANTS AND SCHOLARSHIPS FROM THE EDUCATION RESOURCES INSTITUTE, INC. FOR THE FURTHERANCE OF THEIR CHARITABLE PURPOSES. OTHER RECIPIENTS QUALIFY BASED ON FINANCIAL NEED AND SCHOLARSHIP.

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

		benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state or	eportina re	Open to Public Inspection
		· · · · · · · · · · · · · · · · · · ·		06/30/2005
_	ock if applic			D Employer identification number
	Address change	use IRS THE EDUCATION RESOURCES INSTITUTE, INC.		04-2875329
_	Name ch	label or	/suite	E Telephone number
	Initial ref	P'	"ouno	- respicte number
	Final ret	See 31 SAINT JAMES AVENUE		(617) 556-0579
	Amender return	opediic		F Accounting method: Cash X Accrua
	Applicati pending			Other (specify)
	Pointing	The state of the s	are not app	licable to section 527 organizations
		trusts must offer be completed Schodule A (Form 000 or 000 FZ)		return for affiliates? Yes X N
G V	Vebsite:	► WWW.TERI.ORG H(b) If	"Yes," ente	r number of affiliates
J	rganiza	tion type (check only one) ► X 501(c) (3) (insert no.) 4947(a)(1) or 527 H(c) Are	e all affiliate	s included? N/A Yes N
K	heck he	re 🔽 Lift the organization's cross receipts are normally not more than \$25,000. The Living		n a list. See instructions.)
o	rganizat	In(a) is t		e return filed by an vered by a group ruling? Yes X N
i	the ma			tion Number N/A
		M Ch	eck 🕨	X if the organization is not required
L	Gross re		•	B (Form 990, 990-EZ, or 990-PF)
Par	t l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the	he instruc	ctions.)
`	1	Contributions, gifts, grants, and similar amounts received:		92 92
	a	Direct public support 1a		
	b	Indirect public support		
	C	Government contributions (grants)		1 1
	d	Total (add lines 1a through 1c) (cash \$ noncash \$)	110
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2 242,416,003
	3	Membership dues and assessments		3 168,025
	4	Interest on savings and temporary cash investments		4 381,935
	5	Dividends and interest from securities		5 7,433,780
	6 a	Gross rents FEB (Ba 2 2006)		2
	b	Less: rental expenses 6b 6	-	<u>_ </u>
	C	Net rental income or (loss) (subtract line 6b from line 6a)		6c
Ę	7	Other investment income (describe)	7
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other		.
æ		than inventory		
		Less: cost or other basis and sales expenses . 8b]
	С	Gain or (loss) (attach schedule)		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check here		
	a	Gross revenue (not including \$ of		, s , s , s
		contributions reported on line 1a)		- "
		Less: direct expenses other than fundraising expenses		li en
	1	Net income or (loss) from special events (subtract line 9b from line 9a)		9c
	10 a	Gross sales of inventory, less returns and allowances		-
	Ь	Less. cost of goods sold		
	I	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		
	11	Other revenue (from Part VII, line 103)		111
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		1 1
u	13	Program services (from line 44, column (B))		13 183,391,801
Expenses	14	Management and general (from line 44, column (C))		3,061,248
Kpei	15	Fundraising (from line 44, column (D))		15
ш	16	Payments to affiliates (attach schedule)		16
	17	Total expenses (add lines 16 and 44, column (A))		
et Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		
As	19 20	Net assets or fund balances at beginning of year (from line 73, column (A))		
Ħ	120	Other changes in net assets or fund balances (attach explanation)	.+4±. <i>←</i> .	20 225,903

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year (combine lines 18, 19, and 20) · · · · · ·

Form 990 (2004)

146,746,034.

SCANNED MAR 1 0 2008

Form 990 (2004)

Pa			ions must complete column 4947(a)(1) nonexempt char	(A). Columns (B), (C), and (01(c)(3) and (4) organizations
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	1				
	(cash \$)	22	54,196.	54,196.		
23		23				
24 25	Benefits paid to or for members (attach schedule) Compensation of officers, directors, etc.	24	599,152.		FOO 150	
26	Other salaries and wages	26	2,088,779.	2,088,779.	599,152.	· · · · · · · · · · · · · · · · · · ·
27	Pension plan contributions	27	840,853.	583,794.	257,059.	
28	Other employee benefits	28	263,365.	262,692.	673.	<u> </u>
29	Payroll taxes	29	175,942.	150,109.	25,833.	
30	Professional fundraising fees	30				
31	Accounting fees	31	198,120.		198,120.	
32	Legal fees	32	575,631.	424,086.	151,545.	
33	Supplies	33	70,430.	48,114.	22,316.	
34	Telephone	34	36,385.	34,584.	1,801.	
35	Postage and shipping	35	27,614.	24,693.	2,921.	
36	Occupancy	36	503,955.	337,650.	166,305.	
37	Equipment rental and maintenance.	37	25,498.	24,193.	1,305.	
38	Printing and publications	38	176,478.	131,545.	44,933.	
39	Travel	39	118,262.	87,904.	30,358.	
40	Conferences, conventions, and meetings .	40	146,882.	91,969.	54,913.	<u> </u>
41	Interest STMT 6A	41 42	98,568.	00 711	0.057	
42 43	Depreciation, depletion, etc. (attach schedule)	42 43a	180,452,939.	88,711. 178,958,782.	9,857. 1,494,157.	
	Other expenses not covered above (itemize) & IIII 4	43b	100,432,939.		1,494,157.	
	·	43c				
d		43d				
е		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	186,453,049.	183,391,801.	3,061,248.	
	nt Costs. Check ► if you are follow					<u> </u>
	any joint costs from a combined educational					
If "Y	es," enter (i) the aggregate amount of these jo	int cos	sts \$	_ ; (ii) the amount alloca	ted to Program services	\$
	he amount allocated to Management and gen			; and (iv) the amount al		
	rt III Statement of Program Servic		•	e page 25 of the ins	structions.)	December Comics
Wha	at is the organization's primary exempt purpose	? ▶.	STMT 5			Program Service Expenses
of c	organizations must describe their exempt polients served, publications issued, etc. Discanizations and 4947(a)(1) nonexempt charital	uss a	chievements that are n	ot measurable. (Section	501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
	<u> THE ENTITY AÇHIEVES ITŞ EXE</u>					
	GUARANTOR OF STUDENT LOANS A	AND	A PROVIDER OF	COLLEGE_ACCESS		
•	SERVICES		(Ceanta a			100 001 001
b			(Grains a	nd allocations \$	54,196.)	183,391,801.
•						
•			(Grants a	nd allocations \$		
c			,			-
-			(Grants a	nd allocations \$)	
d .						
-	**					
-			/C-a-ta ==			
e i	Other program services (attach schedule)			nd allocations \$		
	Total of Program Services (attach schedule)					183,391,801.

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Form 990 (2004)

_	000	(250.1)					1 090 0
Р	art IV	Balance Sheets (See page 25 of the instru	uction	s.)			
ı	Note;	Where required, attached schedules and amounts column should be for end-of-year amounts only.		the description	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			9,300,959.	45	15,092,658
	46	Savings and temporary cash investments			48,016,072.	46	52,414,002
	47a	Accounts receivable	47a	25,941,897.		n e	
	b	Less: allowance for doubtful accounts	47b		28,240,371.	47c	25,941,897
	48a	Pledges receivable	48a				
	ь	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and k					
		(attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule) STMT SA					¢
ets	b	Less: allowance for doubtful accounts	51b		39,587,882.	51c	48,189,724
Assets	52	Inventories for sale or use				52	
•	53	Prepaid expenses and deferred charges	يے، ، ،	<u></u> <u></u> [33,882.	53	75,854
	54	Investments - securities (attach schedule) STMT .6	5. ▶∟	Cost X_FMV	125,871,783.	54	226,063,474.
	55a	Investments - land, buildings, and equipment: basis	55a				
	ь	Less: accumulated depreciation (attach					
	ŀ	schedule)	55b			55c	
	56	Investments - other (attach schedule)	:			56	
		Land, buildings, and equipment: basis	57a	514,004.			
	b	Less: accumulated depreciation (attach]]				
		schedule) STMT 6A			431,062.	1 I-	299,098.
	58	Other assets (describe ►		<u>STMT 7</u>)	33,965,386.	58	68,138,349.
	59	Total assets (add lines 45 through 58) (must equa	l line 7	74)	285,447,397.	59	436,215,056.
	60	Accounts payable and accrued expenses			1,586,588.		10,363,777.
	61	Grants payable			1,500,500.	61	10,303,777.
	62	Deferred revenue			17,179,314.	62	26,221,964.
es	63	Loans from officers, directors, trustees, and key em		· · · · · · · · · · · · · · · · · · ·			
bilities		schedule)		<u>.</u> .		63	
Lab	64a	schedule)		. [64a	
_	b	Mortgages and other notes payable (attach schedul	le)	\$ТМТ. 9	5,686,644.	64b	NONE
	65	Other liabilities (describe ►		STMT 10)	178,421,414.	65	252,883,281.
	66	Total liabilities (add lines 60 through 65)			202 972 060	66	200 460 022
		nizations that follow SFAS 117, check here ► X	and	complete lines	202,873,960.	200	289,469,022.
	0.90	67 through 69 and lines 73 and 74	<u>.</u> u	complete intes			
S	67	Unrestricted			67,280,209.	67	131,452,807.
일	68	Temporarily restricted			13,293,228.		13,293,227.
aga	69	Permanently restricted			2,000,000.		2,000,000.
Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check here complete lines 70 through 74.	. ►	and			
닐	70	Capital stock, trust principal, or current funds		70			
S	71	Paid-in or capital surplus, or land, building, and equ				71	
se	72	Retained earnings, endowment, accumulated incor				72	
Ä	73	Total net assets or fund balances (add lines 67 the				7.0	
Š		70 through 72;					
		column (A) must equal line 19; column (B) must eq			82,573,437.		146,746,034.
	74	Total liabilities and net assets / fund balances (ad	ld line:	s 66 and 73)	285,447,397.	74	436,215,056.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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290 Form 990 (2004) Page 4 Reconciliation of Revenue per Audited Financial Statements with Revenue per Reconciliation of Expenses per Audited Part IV-A Part IV-B Financial Statements with Expenses per Return (See page 27 of the instructions.) Return Total revenue, gains, and other support Total expenses and losses per per audited financial statements . . . > audited financial statements > а 186,453,049 Amounts included on line a but not on Amounts included on line a but not line 12, Form 990: on line 17, Form 990: (1) Net unrealized gains (1) Donated services on investments . . \$ 285,577. and use of facilities \$ (2) Donated services (2) Prior year adjustments and use of facilities reported on line 20, (3) Recoveries of prior Form 990 <u>\$</u> year grants (3) Losses reported on (4) Other (specify): line 20, Form 990 \$ (4) Other (specify): -59,673. Add amounts on lines (1) through (4) ▶ Add amounts on lines (1) through (4) . . . Line a minus line b Line a minus line b 250,399,743 C Amounts included on line 12, Amounts included on line 17, Form 990 but not on line a: Form 990 but not on line a: (1) Investment expenses (1) Investment expenses not included on line not included on line 6b, Form 990 . . . \$ 6b, Form 990 . . . \$ (2) Other (specify): (2) Other (specify): Add amounts on lines (1) and (2) Add amounts on lines (1) and (2) ... b d Total revenue per line 12, Form 990 Total expenses per line 17, Form 990 (line c plus line d) · · · · · · · ▶ 250,399,743. (line c plus line d) · · · · · · ▶ e 186,453,049. Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.) (D) Contributions to (B) Title and average (C) Compensation (E) Expense hours per week devoted to position (If not paid, enter nployee benefit plans & account and other (A) Name and address deferred compensation allowances SEE STATEMENT 12-14 <u>599,152</u> <u>48,036</u> NONE 75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If "Yes," attach schedule - see page 28 of the instructions.

Eor	Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 13	9 01	, ,	age 5
	art VI Other Information (See page 28 of the instructions.)	.	Yes	
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		х
	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
	If "Yes," attach a conformed copy of the changes.		13 113	3
78 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		х
	b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		х
	a Is the organization related (other than by association with a statewide or nationwide organization) through common	1		164
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	х	
ı	b if "Yes," enter the name of the organization TERI FINANCIAL SERVICES, INC.			
	and check whether it is X exempt or nonexempt.			
81 a	a Enter direct and indirect political expenditures. See line 81 instructions	3.3		
ı	b Did the organization file Form 1120-POL for this year?	81b		х
82 a	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a	X	
ŧ	b If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 a	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
ı	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	х	
84 a	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/	
t	o If "Yes," did the organization include with every solicitation an express statement that such contributions	الكنفة	original for	
	or gifts were not tax deductible?	84b	N/	A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/	<u> </u>
k	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	1	3.	
	received a waiver for proxy tax owed for the prior year.	7	1 1 2	
	Dues, assessments, and similar amounts from members 85c N/A	*		' • '
	1 Section 162(e) lobbying and political expenditures			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	के के कि	4	, , ,
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
_	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<u> </u>
Г	n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable	054		_
06	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	<u>, </u>
90 F				,
87		•	•	.
	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A Gross income from other sources. (Do not net amounts due or paid to other	٠.	- 1	. 1
_	sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	122		l
-	partnership, or an entity disregarded as separate from the organization under Regulations sections		1	
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	j	¥
89 a	in 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► NONE , section 4912 ► NONE ; section 4955 ► NONE		Ì	}
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	İ		
	during the year or did it become aware of an excess benefit transaction from a pnor year? If "Yes," attach	ł		
	a statement explaining each transaction	89Ь	- [x
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		N	NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			NONE
	List the states with which a copy of this return is filed MASSACHUSETTS			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90ь	61	
	The books are in care of MICHAEL GAMBEE Telephone no. (617) 5	56-0	579	
	Located at ▶ 31 ST. JAMES AVE, BOSTON MA ZIP+4 ▶ 02116			
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		. •	الا -
	and enter the amount of tay-evernt interest received or account during the tay year		NT / N	

Form **990** (2004)

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Form 990 (2004)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ OMB No 1545-0047

Name of the organization

THE EDUCATION RESOURCES INSTITUTE, INC.

Employer Identification number

04-2875329

Part I Compensation of the Five Highe (See page 1 of the instructions. List	est Paid Employ each one. If there	ees Other Than	Officers, Directo	rs, and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PAULA CLARK THE ED. RESOURCES INST. INC.	GEAR UP DIRECTOR			
31 ST. JAMES AVE., BOSTON, MA	37.5 HR/WK	64,273.	7,576.	NONE
MIKE BEATTY THE ED. RESOURCES INST. INC.	MANAGERIAL ATTOR	EY .		
31 ST. JAMES AVE., BOSTON, MA	37.5 HR/WK	114,312.	15,080.	NONE
KRISTI PIERCE THE ED. RESOURCES INST. INC.	_ ASSISTANT DIRECTO	PR		
31 ST. JAMES AVE., BOSTON, MA	35 HR/WK	60,094.	7,720.	NONE
JANE ANCRUM HORTON THE ED. RESOURCES INST. INC.	DIR OF ED ADVISES	ENT		
31 ST. JAMES AVE., BOSTON, MA	35 HR/WK	51,787.	7,337.	NONE
MELINDA SAVITZ-ROMER THE ED. RESOURCES INST. INC.	_ ASSOCIATE DIRECTO)R		
31 ST. JAMES AVE., BOSTON, MA	37.5 HR/WK	50,400.	2,549.	NONE
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
FIRST MARBLEHEAD EDU. RES, INC.		
31 ST. JAMES AVE., BOSTON, MA 02116	OPERATIONAL SVCS	78200000
ZWICKER & ASSOCIATES, P.C.	4	
3 RIVERSIDE DRIVE, N. ANDOVER, MA 01810	COLLECTION AGENCY	1,889,831.
AURORA CONSULTING		
25 BRAINTREE HILL PK STE 407, BRAINTREE, MA 02184	CONSULTING SERVICES	878,595.
CREDIT COLLECTION SERVICES	<u> </u> -	
2 WELLS AVENUE, NEWTON, MA 02459	COLLECTION AGENCY	429,435.
VAN RU CREDIT CORPORATION	-	
1350 E TOUHY AVE. STE 300E, DES PLAINES, IL 60018 Total number of others receiving over \$50,000 for	COLLECTION AGENCY	1,218,618.
professional services	, ,	lule A (Form 990 or 990-F7) 2004

ork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. JSA

Schedule A (Form 990 or 990-EZ) 2004

	A (Form 990 or 990-EZ) 2004 04-2875329		Pa
Part i	Statements About Activities (See page 2 of the instructions.)		Yes
1 D	ring the year, has the organization attempted to influence national, state, or local legislation, including any		
	tempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid		1 1
	incurred in connection with the lobbying activities ▶ \$ (Must equal amounts on line 38,		
P	art VI-A, or line I of Part VI-B.)	. 1	- 402ez 9
	rganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	,	
	ganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of a lobbying activities.	:	
	. •	-	
	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or		1,97
	th any taxable organization with which any such person is affiliated as an officer, director, trustee, majority	٠.	1 655 C
	ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining	1 .	373
	e transactions.)		
a S	ile, exchange, or leasing of property?	2a	х
b Le	nding of money or other extension of credit?	2b	
c Fı	Irnishing of goods, services, or facilities?	2c	$ \mathbf{x} $
		<u> </u>	
d Pa	syment of compensation (or payment or reimbursement of expenses if more than \$1,000)? FORM 990 PART V	. 2d	X
e Tr	ansfer of any part of its income or assets?	2е	
	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how		
	u determine that recipients qualify to receive payments.)		x
b D	you have a section 403(b) annuity plan for your employees?	3b	x
	d you maintain any separate account for participating donors where donors have the right to provide advice	İ	
	the use or distribution of funds?		\vdash
	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	
Part I	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
The orga	inization is not a private foundation because it is: (Please check only ONE applicable box.)		
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		
6 –	A school Section 170(b)(1)(A)(ii). (Also complete Part V)		
⁷ ⊢	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8 -	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name	a city	
э <u> </u>	and state	s, city,	
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).
	(Also complete the Support Schedule in Part IV-A.)		•
11a 🖳	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.	Section	1
r	170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
11b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
12 <u>X</u>	, ,		
	receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/39		
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acc	luired	
13	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	nne	
13 [described in. (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See		
	section 509(a)(3).)		
	Provide the following information about the supported organizations. (See page 5 of the instructions.)		
	(a) Name(s) of supported organization(s) (b) Line		er
	from	above	
			
14	An organization organized and operated to test for public safety. Section 509(a)(4), (See page 5 of the instructions.)		
JSA	Schedule A (Form	999 05 (

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

04-2875329

Page 3

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (d) 2001 (a) 2003 (b) 2002 (c) 2001 (e) Total STUB PERIOD 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) NONE NONE NONE 1,077,684. 1,077,684. 157,327. 120,032. 77,572 507,320. 862,251. 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 160691991. | 86,374,504. | 52,561,303. | 8,718,690. 308346488. 18 Gross income from interest, dividends. amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 3,203,768. 2,511,607. 2,997,199. 2,159,204, 10,871,778. income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 164053086. 89,006,143. 55,636,074. 12,462,898 321158201. 3,361,095. 2,631,639. 3,074,771. 3,744,208 12.811.713 25 Enter 1% of line 23 1,640,531. 890,061. 556,361. 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NQT APPLICABLE . . . > 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add Amounts from column (e) for lines: 18 ______ 19 22 _____ 26b ___ 26d e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) NONE (2002) NONE (2001) NONE (2000) NONE b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) NONE (2002) NONE (2001) NONE(2000) NONE c Add: Amounts from column (e) for lines: 15 ______1,077,684. 16 _____862,251. 17 <u>308,346,488.</u>20 <u>21</u> ▶ <u>27c 310,286,423.</u> d Add: Line 27a total NONE and line 27b total NONE 27d NONE Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f \$21,158,201. 96.6148 3.3852 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. Schedule A (Form 990 or 990-EZ) 2004

04-2875329

Schedule A (Form 990 or 990-EZ) 2004 Page 4 Part V Private School Questionnaire (See page 7 of the instructions.) NOT APPLICABLE (To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 Yes No other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions. programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? 33b c Employment of faculty or administrative staff? 33c d Scholarships or other financial assistance? 33d e Educational policies? ****************** f Use of facilities? 33f g Athletic programs? h Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain, (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34a **b** Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation . . .

		orm 990 or 990-					375329		Page
Pa	rt VI-A		xpenditures by Elec						
	<u></u>		pleted ONLY by an						
Che	ck ▶a	if the organi	ization belongs to an affi	liated group. Checl	k ▶ b if yo	u checke			ntrol" provisions appl
			imits on Lobbying	•	d)		Affiliat	(a) ed group tals	(b) To be completed for ALL electing
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38			itures (add lines 36 ar			38			
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43	Subtract	line 42 from li	ine 36. Enter -0- if line	42 is more than line		43			
			ine 38. Enter -0- if line			44			
							7	1,35	100
	Caution:	If there is an	amount on either line	43 or line 44, you mus	st file Form 4720	1		4 (1 	** \ **, \
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	(So	me organizatı	ons that made a sect	, ,		-			below.
			See the instruction	ons for lines 45 through	h 50 on page 1	1 of the	instruction	ons.)	
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47	Total lobby	ng expenditures							
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	Grassroots o	ceiling amount				. 2	ik-	-	
49_	(150% of lin	ne 48(e)) • •		學家一年一個學學院	<u> </u>		(R. 1 's 1 1 1	A. L. S. J. J. J. J. J. J. J. J. J. J. J. J. J.	
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Schedule A (Form 990 or 990-EZ) 2004

THE EDUCATION RESOURCES INSTITUTE, INSTITUTE, 11290 Doc 29-9 Pg. 147 of 04-2875329

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION AMOUNT

UNREALIZED GAIN ON INVESTMENTS 285,577.

> TOTAL 285,577.

THE EDUCATION RESOURCES INSTITUTE, Entered 01/23/20 07:32:51 Doc 29-9 04-2875329

FORM	990,	PART	I ·	- OTHER	DECREASES	IN	FUND	BALANCES	
=====	====	=====	===			====	=====		

AMOUNT DESCRIPTION 59,673. INVESTMENT IN SUBSIDIARIES ROUNDING ADJUSTMENT TOTAL 59,674. -----

The Education Resources Institute, Inc. 31 St James Avenue

Boston, MA 02116

Taxpayer No. - 04-2875329 **Tax Year-Ended: 06/30/05**

LIST OF GRANTS & ALLOCATIONS PAID

<u>Description</u>]	<u> TOTAL</u>
Matching Gifts-Employee Donations/TERI Match	\$	21,300
World Team Sports	\$	10,000
American Red Cross	\$	10,000
New England Board of Higher Education	\$	5,000
Russell Elementary school	\$	4,296
NEOA	\$	2,000
Dollars for Scholars	\$	1,000
Associated Grant makers	\$	500
Aroostook Health Center	\$	100
TOTAL - Grants & Alloc. Paid	\$	54,196

STATEMENT

	m management es and general		95,399,973.	638,046. 1,097,129.	264,675. 220,484.	232,581.	•	16,129. 2,418.	264,312.	2,112. 150,413.		958,782. 1,494,157.	
	PROGRAM SERVICES	 	95,3	9	78,2	~	H		4,2			178,9	
	TOTAL		95,399,973.	1,735,175.	78,485,159.	232,581.	164,667.	18,547.	4,264,312.	152,525.		180,452,939.	
157	DESCRIPTION		PROV. FOR LOAN LOSS RESERVE	OUTSIDE CONSULTANTS	PROFESSIONAL FEES	BANK CHARGES	MISCELLANEOUS	ADVERTISING	COLLECTION COSTS	PLACEMENT FEES		TOTALS	

THE EDUCATION RESOURCES INSTITUTE, INC.

FORM 990, PART II - OTHER EXPENSES

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ENTITY'S PURPOSE IS TO ASSIST STUDENTS IN OBTAINING AN EDUCATION WHILE ASSISTING EDUCATIONAL INSTITUTIONS IN PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 6/30/2005

FORM 990, PART IV, LINE 51

	BEGINNING BOOK VALUE	ENDING BOOK VALUE
NOTES RECEIVABLE - TFSI	1,098,120	210,120
NOTES RECEIVABLE - FMC	6,061,153	5,292,145
STUDENT LOANS RECEIVABLE	32,428,609	42,687,459
TOTAL	39,587,882	48,189,724

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 153 of 04-2875329

FORM 990, PART IV - INVESTMENTS - SECURITIES

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
GOVERNMENT AGENCY OBLIGATIONS	120,110,877.	214,973,617.
COMMERCIAL PAPER	NONE	99,047.
CERTIFICATES OF DEPOSIT	4,250,418.	3,161,453.
BONDS	1,510,488.	975,859.
US GOVT GUARANTEED SECURITIES	NONE	6,853,498.
TOTALS	125,871,783.	226,063,474.
	===========	

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 6/30/2005

FORM 990, PART II, LINE 42 & PART IV, LINE 57

FURNITURE & FIXTURES	187,212
MACHINERY & EQUIPMENT	30,762
COMPUTER EQUIPMENT	111,748
SOFTWARE ACQUISITIONS	10,087
LEASEHOLD IMPROVEMENTS	174,195
TOTAL	514,004
LESS: ACCUMULATED DEPRECIATION	(214,905)
NET BOÓK VALUE	299,098

DEPRECIATION EXPENSE FOR THE YEAR ENDED JUNE 30, 2005 WAS \$98,568.

THE EDUCATION RESOURCES INSTITUTE, INSTITUTE

FORM 990, PART IV - OTHER ASSETS

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
RESIDUAL INT IN SEC PORTFOLIOS	33,965,386.	68,138,349.
TOTALS	33,965,386.	68,138,349.
		=========

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 156 of THE EDUCATION RESOURCES INSTITUTE, INSO

FORM 990, PART IV - DEFERRED REVENUE

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
DEFERRED REVENUE - OTHER	1,294,577.	895,661.
DEFERRED GUARANTEE FEE INCOME	15,884,737.	25,326,303.
TOTALS	17,179,314.	26,221,964.

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 157 of 04-2875329

 Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 158 of THE EDUCATION RESOURCES INSTITUTE, INGO 04-2875329

FORM 990, PART IV - OTHER LIABILITIES

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
LOAN LOSS RESERVE	180,465,365.	254,139,822.
ACCRUED PENSION LIABILITY	134,448.	862,186.
INVESTMENT IN SUBSIDIARY	-2,178,399.	-2,118,727.
TOTALS	178,421,414.	252,883,281.
		227-###################################

THE EDUCATION RESOURCES INSTITUTE, INGO Doc 29-9 Pg. 159 of 04-2875329

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION AMOUNT -----INVESTMENT IN SUBSIDIARIES -59,673. TOTAL -59,673. _____

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES FORM 990, PART V

THE EDUCATION RESOURCES INSTITUTE, INC.

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCISON AND OTHER ALLOWANCES 6
HOWARD JACOBSON THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	24,000.	NONE	065-LT Filed
BARBARA E. TORNOW THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	18,500.	NONE	101/23/20 E
DR. SHERRY PENNEY THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	CHAIR 7 HRS/WK	31,000.	NONE	intered 01/23/2 290 200 200 200 200 200 200 200 200 20
DR. SYLVIA Q. SIMMONS THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	26,500.	NONE	20 07:32:51
EDWARD PIANA THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	6,000.	NONE	Doc 29-9 P
RICHARD A. WILEY, ESQ		23,000.	NONE	eg. 160 of .

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OF OFFICERS, DIRECTORS, AND TRUSTEES - LIST PART V FORM 990,

THE EDUCATION RESOURCES INSTITUTE, INC.

	NND TIME TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCTES AND OTHER ALLOWANCES 6
THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	, ,		065-LT F
ANN S. COLES THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	SENIOR V.P. FOR EDUCATION INFORMATION SERVICES 37.5 dR/WK	190,809.	24,441.	Filed 01/23/20
WILLIS HULINGS III THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	PRESIDENT/CEO 37.5 HR/WK (JAN. 31 - JUNE 30, 2005)	134,615.	13,363.	Entered 01 290 290
NEAL FINNEGAN THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	DIRECTOR 7 HRS/WK	.000,6	NONE	/23/20 07:32:
ARTURO IRIARTE THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	ASST CLERK/EXEC. DIR 37.5 HR/WR	103,036.	7,283.	51 Doc 29-9
JANE DIXON THE EDUCATION RESOURCES INSTITUTE, INC.	V.P. ADMIN. 37.5 HR/WK	*32,692.	2,949.	Pg. 16
	* JANE DIXON WAS COMPENSATED FO FOR SERVICES AS AN INDEPENDENT V.P. OF ADMINISTRATION OF TERI.	COMPENSATED FOR A PORTION INDEPENDENT CONTRACTOR, ATION OF TERI.	ION OF THE YEAR OR, NOT AS THE	31 of • •

Pg. 162 of

Doc 29-9

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

THE EDUCATION RESOURCES INSTITUTE, INC.

		11		
NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCTS AND OTHER ALLOWANCES 6
ES INSTITUTE	T/DIRECTOR	** NONE	NONE	65-LT Filed
SI SAINI JAMES AVENUE BOSTON, MA 02116 MICHAEL GAMBEE THE EDUCATION RESOURCES INSTITUTE, INC. 31 SAINT JAMES AVENUE BOSTON, MA 02116	(JULY 1, 2004 - JAN. 31, 2005), TREASURER/DIRECTOR/CFO 30 HRS/WK	, ** NONE	NONE	
	GRAND TOTALS	599,152.	48,036.	red 01/23/20 290 H
** COMPENSATION TO THESE IND AURORA CONSULTING, WHICH TER SERVICES.	THESE INDIVIDUALS IS WHICH TERI COMPENSATE	PROVIDED BY S FOR CONSULTING		07:32:51

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 06/30/2005

FORM 990, PART VI, LINE 82B

THE BOSTON PUBLIC LIBRARY PROVIDES THE EDUCATION RESOURCES INSTITUTE, INC. WITH FREE SPACE FOR THE OPERATION OF THE HIGHER EDUCATION INFORMATION CENTER WHICH PROVIDES INFORMATION TO HIGH SCHOOL STUDENTS AND THEIR FAMILIES ABOUT FINANCIAL AID - FOR POST-HIGH SCHOOL EDUCATION AND CAREER OPPORTUNITIES. THE VALUE OF THIS SPACE IS NOT INCLUDED AS REVENUE OR EXPENSE.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED LINE IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES NO.

THE EDUCATION RESOURCES, INC. (TERI) WAS INCORPORATED IN 93-JUNE 1985 FOR THE PURPOSES OF AIDING STUDENTS IN ATTAINING 94 AN EDUCATION AND ASSISTING EDUCATIONAL INSTITUTIONS IN PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION. TO ACHIEVE THIS PURPOSE THE COMPANY FUNCTIONS AS A GUARANTOR OF STUDENT LOANS DISBURSED BY PARTICIPATING LENDING INSTITUTIONS. IN ADDITION, TERI'S HIGHER EDUCATION INFORMATION CENTER DIVISION RECEIVES FUNDS FROM FEDERAL, STATE AND PRIVATE GRANTS AND THROUGH MEMBERSHIP FEES FROM COLLEGES AND UNIVERSITIES. THESE REVENUES ARE USED TO PROVIDE INFORMATION TO HIGH SCHOOL STUDENTS AND THEIR FAMILIES ABOUT FINANCIAL AID FOR POST-HIGH SCHOOL EDUCATION AND CAREER OPPORTUNITIES.

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 YE: 6/30/2005

2005 and 2004, respectively.

FORM 990, SCHEDULE A, PART III, LINE 2(a)

During fiscal years 2005 and 2004, TERI's Board of Directors included one member who was on the Board of Directors of FMER. FMER is a subsidiary of FMC and provides administrative services to support TERI operations. For fiscal years 2005 and 2004, TERI paid \$78,200,000 and \$35,099,585, respectively, to FMER for services rendered under the Master Servicing Agreement.

Under the terms of the Master Loan Guarantee Agreement (MLGA), TERI is a 25% beneficial owner of the residual value to TERI guaranteed loans held in Trusts created by FMC. In October 2004, TERI amended the MLGA to receive increased administrative fees from the Trusts created in fiscal year 2005, correspondingly TERI's residual interest was reduced to 20% of the residual of TERI guaranteed loans in those Trusts. Residual interest in securitized portfolios from these trusts accounted for 13.49% and 12.97% of TERI's total revenue for the years ended June 30,

During fiscal years 2005 and 2004, TERI subleased office space from FMER. Payments made to FMER totaled \$443,193 and \$113,130 for the years ended June 30, 2005 and 2004, respectively.

FORM 990, SCHEDULE A, PART III, LINE 2(c)

RICHARD WILEY IS A DIRECTOR OF TERI. DURING THE FISCAL YEAR ENDED JUNE 30, 2005, TERI PAID FOLEY HOAG, LLP \$27,428 FOR LEGAL SERVICES AND EXPENSES. MR. WILEY IS OF COUNSEL AT FOLEY HOAG, LLP.

THE PRESIDENT (FROM JULY 1, 2004 - JAN. 31, 2005) AND TREASURER OF TERI ARE PAID BY AURORA CONSULTING. TERI PAYS AURORA CONSULTING FOR CONSULTING SERVICES.

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 166 of 290

THE EDUCATION RESOURCES INSTITUTE, INC.

EIN: 04-2875329 FYE: 06/30/2005

FORM 990, SCHEDULE A, PART III, LINE 4

CHARITABLE ORGANIZATIONS QUALIFY FOR RECEIVING GRANTS AND SCHOLARSHIPS FROM THE EDUCATION RESOURCES INSTITUTE, INC. FOR THE FURTHERANCE OF THEIR CHARITABLE PURPOSES. OTHER RECIPIENTS QUALIFY BASED ON FINANCIAL NEED AND SCHOLARSHIP.

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 167 of 290

Form 8868
(Rev. December 2004)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

internal revenu	e da vice	
 If you are 	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (not automatic) 3-Month Extension, complete only Part II (plete Part II unless you have already been granted an automatic 3-month extension on a	on page 2 of this form).
Part I	Automatic 3-Month Extension of Time—Only submit original (no copies ne	
Form 990-T	corporations requesting an automatic 6-month extension—check this box and comp	olete Part I only ▶ 🏻
	rporations (including Form 990-C filers) must use Form 7004 to request an ext <mark>ension o</mark> s, REMICs, and trusts must use Form 8736 to request an extension of time to file Form	
returns note (not automa	Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extended below (6 months for corporate Form 990-T filers). However, you cannot file it electrotic) 3-month extension, instead you must submit the fully completed signed page 2 (see electronic filing of this form, visit www.irs.gov/efile.	nically if you want the additional
Type or	Name of Exempt Organization	Employer Identification number
print	THE EDUCATION RESOURCES INSTITUTE, INC.	04-2875329
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	
filing your return. See	31 ST. JAMES AVENUE, 6TH FLOOR	
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02116	
	of return to be filed (file a separate application for each return):	
Form 990	<u> </u>	Form 4720
☐ Form 990		☐ Form 5227
Form 990		☐ Form 6069 .
☐ Form 990	P-PF	☐ Form 8870
Telephone I If the organ If this is for is for the who	are in the care of ► <u>Eileen Oldham</u> No. ► <u>(617) 556-0536</u> FAX No. ►	l) If this
to file the	an automatic 3-month (6-months for a Form 990-T corporation) extension of time unt exempt organization return for the organization named above. The extension is for the	
	alendar year 20 or ax year beginning <u>July 1</u> , 20 <u>04</u> and ending <u>June</u>	30 , 20 05
2 If this tax	c year is for less than 12 months, check-reason: ☐ Initial return ☐ Final return ☐	Change in accounting period
nonrefun	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax dable credits. See instructions	\$ None
b If this ap made. In	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax clude any prior year overpayment allowed as a credit	payments None
c Balance with FTI instruction	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Systems)	d, deposit tem). See \$ 0.00
Caution. If you for payment in	are going to make an electronic fund withdrawal with this Form 8868, see Form 845 structions.	
For Privacy Act	and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 12-2004)

se 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 168 Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990** 囫

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A I	For the 2005	calendar yea	ar, or tax year beginning	07-01-2005 and ending	06-30-200	6	- -	nleve: '-	mtification would
_	Check if applica Address change	i icasc	C Name of organization EDUCATION RESOURCES I				04	ployeride -287532	ntification number 9
\vdash	Name change	print or		box if mail is not delivered t	o street addre	ess) Room/suit	е		
	initial return	type. See Specific	31 SAINT JAMES AVENUE				L		
	inal return	Instruc-	City or town, state or cour	ntry, and ZIP + 4				ephone nu L7)535-6	
		tions.	Boston, MA 02116						
_	Amended returi Application pen		•					ounting meth Other (spec	nod Cash
		Section	n 501(c)(3) organizations a	and 4947(a)(1) nonexempt	charitable	H and I an	e not app	licable to se	ction 527 organizations
			must attach a completed Se			H(a) Is th	nis a grouj	return for	affiliates? Tyes V No
G	Web site: ►	www teri org				H(b) If "\	es" enter	number of	
						- H(c) Are			·
J .	Organization	type (check only	/ one) ► 🔽 🥵 501(c) (3) 🖥	【 (ınsert no)) or $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	_			e instructions)
			ation's gross receipts are norma			1		rate return f group ruling	iled by an organization I?
			rn with the IRS, but if the orga vithout financial data Some st					nption Nu	•
_				· · · · · · · · · · · · · · · · · · ·		_	·	•	nization is not required to
L	Gross receij	ots Add lines	6b, 8b, 9b, and 10b to lir	ne 12 🕨 318,334,015					990-EZ, or 990-PF)
P	art IR	evenue, Ex	penses, and Chang	es in Net Assets or	Fund Ba	lances (Se	ee the i	nstructio	ns.)
	1 Co	ntributions, gif	ts, grants, and sımılar am	nounts received					
	a Dir	ect public supp	port		1a]	
	b Ind	ırect publıc su	ipport		1b				
	c Gov	vernment cont	rıbutıons (grants)		1 c]	
	d Tot	al (add lines 1	a through 1c) (cash \$	nonc	ash\$)	1d	
			revenue including govern					2	301,084,255
	3 Me	mbership dues	and assessments					3	87,564
	4 Int	erest on savin		4	296,974				
	5 Div	ıdends and ınt		5	16,865,222				
	6a Gro	ss rents .							
	b Les	s rental expe	nses		6b]	
	c Net	rental income	e or (loss) (subtract line 6	5 b from line 6 a)				6с	
ılı	7 Oth	ner investment	: income (describe 🕨)					7	
Revenue	8a Gro	ss amount fro	m sales of assets	(A) Securities		(B) O the	er		
Σ Ω	oth	er than invento	ory		8a			1	
	b Less	cost or other ba	sis and sales expenses		8b				
	c Gai	n or (loss) (att	tach schedule)		8c				
	d Net	gaın or (loss)	(combine line 8c, colum	ns (A) and (B))				8d	
	9 Spe	ecial events an	nd activities (attach sche	dule) If any amount is fi	rom gaming	, check here	⊢ ┌		
	a Gro	ss revenue (n	ot includina \$	of					
		•	orted on line 1a)	 .	9a]	
	b Les	s direct expe	nses other than fundraisi	ng expenses	9b]	
	c Net	income or (lo	ss) from special events (subtract line 9b from line	e 9a)			9с	
	10a Gro	ss sales of inv	entory, less returns and	allowances	10a]	
	b Les	s cost of goo	ds sold		10b]	
	c Gros	ss profit or (loss)	from sales of inventory (attach	n schedule) (subtract line 10b	from line 10a)			10c	
			om Part VII, line 103)					11	
	12 Tot	al revenue (ad	d lines 1d, 2, 3, 4, 5, 6c,	7,8d,9c,10c,and11)				12	318,334,015
			(from line 44, column (B					13	248,224,020
<u>%</u>			general (from line 44, co					14	3,621,074
Expenses			line 44, column (D)) .					15	0
ثن			ates (attach schedule)					16	
			dd lines 16 and 44, colu				•	17	251,845,094
<u>2</u>			:) for the year (subtract li				•	18	66,488,921
Net Asset			d balances at beginning o					19	146,746,034
		_	net assets or fund balan					20	-2,462,331
_	21 Net	assets or fun	d balances at end of year	(combine lines 18, 19,	and 20) .			21	210,772,624

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Part II Statement of **Functional Expenses** All organizations must complete common (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash $\99,974 noncash $\0) If this amount includes foreign grants, check here	22	99,974	99,974		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	1,300,313	206,956	1,093,357	0
26	Other salaries and wages	26	1,856,833	1,856,833		
27	Pension plan contributions	27	0	0		
28	Other employee benefits	28	49,054	49,054		
29	Payroll taxes	29	221,722	147,743	73,979	
30	Professional fundraising fees	30				
31	Accounting fees	31	217,920		217,920	
32	Legal fees	32	1,373,756	889,842	483,914	
33	Supplies	33	58,822	44,149	14,673	
34	Telephone	34	34,305	28,945	5,360	
35	Postage and shipping	35	29,824	21,445	8,379	
36	Occupancy	36	637,813	363,553	274,260	
37	Equipment rental and maintenance	37	34,740	25,577	9,163	
38	Printing and publications	38	120,726	66,785	53,941	
39	Travel	39	180,080	111,521	68,559	
40	Conferences, conventions, and meetings	40	50,924	41,365	9,559	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	103,855	93,469	10,386	
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	251,845,094	248,224,020	3,621,074	0

Joint Costs. Check ► | If you are following SOP 98-2 ► Tyes F No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? _, **(ii)** the amount allocated to Program services \$_ If "Yes," enter (i) the aggregate amount of these joint costs \$_ (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Form 990 (2005)	Case 19-90065-LT	Filed 01/23/20	Entered 01/23/20 07:32:51	Doc 29-9	Pg. 171 of age 3
Part IIII State	ment of Program Ser	vice Accomplish	nents 🖎 the instructions.)		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

thr			The Entity's purpose is to promote educational opportunities ims and sponsorship of college access programs targeting	Program Service Expenses (Required for 501(c)(3) and
pub		easura	in a clear and concise manner. State the number of clients served, ible. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt is to others.)	(4) orgs , and 4947(a)(1) trusts, but optional for others)
а	SEE STATEMENT 9			
	(Grants and allocations \$ 99,974)		If this amount includes foreign grants, check here 🕨 🦵	248,224,020
b				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
С				
d	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
·				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	

Part IV Balance Sheets (See the instructions.)

Pa	irt IV	Balance Sheets (See the instruction	ons.)	230			
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			15,092,658	45	76,960,126
	46	Savings and temporary cash investments			52,414,002	46	89,462,539
	47a	Accounts receivable	47a	30,246,653			
	ь	Less allowance for doubtful accounts	47b		25,941,897	47c	30,246,653
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, truste (attach schedule)		key employees		50	
	51a	Other notes and loans receivable (attach	i				
S		schedule)	51a	63,796,872			
Assets		Less allowance for doubtful accounts	51b		48,189,724		63,796,872
ব	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			75,854	53	96,493
	54	Investments—securities (attach schedule)		► Cost FMV	226,063,474	54	294,101,627
	55a	Investments—land, buildings, and equipment basis	55a				
	ь	Less accumulated depreciation (attach					
		schedule)	55b			55c	
	56	Investments—other (attach schedule) .		527 206		56	
		Land, buildings, and equipment basis	57a	537,386			
	"	Less accumulated depreciation (attach schedule)	57b	318,761	299,098	57c	218,625
	58	Other assets (describe ►)	70,257,076	58	102,324,819
	59	Total assets (must equal line 74) Add lines	45 th	rough 58	438,333,783	59	657,207,754
	60	Accounts payable and accrued expenses			10,363,777	60	12,298,659
	61	Grants payable				61	
	62	Deferred revenue			26,221,964	62	37,281,432
9	63	Loans from officers, directors, trustees, and	· ·				
		schedule)		F		63	
\;	l .	Tax-exempt bond liabilities (attach schedu	-	⊢		64a	
	Ь	Mortgages and other notes payable (attach Other liablilities (describe ►	scnea		255,002,008	64b 65	396,855,039
	65	Other habilities (describe			255,002,000	65	390,000,009
	66	Total liabilities Add lines 60 through 65 .			291,587,749	66	446,435,130
	Orga	inizations that follow SFAS 117, check here	► ▽ a	nd complete lines			
.a		67 through 69 and lines 73 and 74			404 450 007		405 470 202
Ö	67	Unrestricted		-	131,452,807	67	195,479,396
Balances	68	Temporarily restricted		-	13,293,227	68 69	13,293,228
<u></u>	69	Permanently restricted		-	2,000,000	09	2,000,000
Fund	Oiga	complete lines 70 through 74	k liele	F allu			
j.	70	Capital stock, trust principal, or current fur	nds .			70	
sets (71	Paid-in or capital surplus, or land, building,		-		71	
Asse	72	Retained earnings, endowment, accumulate	d incoi	me, or other funds .		72	
Net A	73	Total net assets or fund balances (add lines 70 through 72,	s 67 th	rough 69 or lines			
		column (A) must equal line 19, column (B)	must e	qual line 21)	146,746,034	73	210,772,624
	74	Total liabilities and net assets / fund balances	Add line	es 66 and 73	438,333,783	74	657,207,754

	the instructions.)						
1	Total revenue, gains, and other supp		tements			a	315,871,683
	A mounts included on line a but not o		1	I			
1	Net unrealized gains on investments		b1		-2,449,232	-	
2	Donated services and use of facilities		b2			-	
3	Recoveries of prior year grants .		b3			-	
4	Other (specify)		b4		-13,100		
	Add lines b1 through b4				•	1 ь	-2,462,332
	Subtract line b from line a					с	318,334,015
l	A mounts included on line 12, but no	t on line a					
1	Investment expenses not included o	n line 6b	d1				
2	Other (specify)					1	
			d2			1 1	
	Add lines d1 and d2					d	-2,462,332
:	Total revenue (line 12) Add lines c					e	318,334,015
ar	t IV-B Reconciliation of Expe						
ı	Total expenses and losses per audit					a	251,845,094
•	A mounts included on line a but not o		1 .	1			
1	Donated services and use of facilities		b1			-	
2	Prior year adjustments reported on I		b2			1	
3	Losses reported on line 20		Ь3			-	
4	Other (specify)		b4				
	Add lines b1 through b4					1 ь	
	Subtract line b from line a					С	251,845,094
l	A mounts included on line 17, but no	t on line a:					
1	Investment expenses not included o	n line 6b	d1				
2	Other (specify)					1	
			d2				
	Add lines d1 and d2					d	
	Total expenses (line 17) Add lines					<u> </u>	251,845,094
'ar	director, trustee, or key e instructions.)						
		(B) Title and average hours	(C) Cor	npensation	(D) Contribi employee ben		(E) Expense
	(A) Name and address	per week devoted to position			deferred com	pensation	account and other allowances
	dditional Data Table				plan	5	
	dalifonal Bata Fable						
					1		

orm	990 (2005) Case 19-90065-LT	Filed 01/23/20 E	ntered 01/23/20 0 ⁻	7:32:51 Doc 29-9	Pa	. 174	<mark>O</mark> ffage 6
Par	V-A Current Officers, Director	s, Trustees, and Key	y Emphoyees (cont	inued)	. 8	Yes	No
75a	Enter the total number of officers, directo	rs, and trustees permitted	l to vote on organizatio	n business at board			
	meetings						
b	Are any officers, directors, trustees, or k	ey employees listed in For	m 990, Part V-A, or hi	ghest compensated			
	employees listed in Schedule A, Part I, o	r highest compensated pro	ofessional and other inc	dependent			
	contractors listed in Schedule A, Part II-	A or II-B, related to each	other through family o	r busıness			
	relationships? If "Yes," attach a stateme	nt that identifies the indivi	duals and explains the	relationship(s) 💯 .	75b	Yes	
c	Do any officers, directors, trustees, or ke						
	employees listed in Schedule A, Part I, o	r highest compensated pro	ofessional and other inc	dependent			
	contractors listed in Schedule A, Part II-						
	tax exempt or taxable, that are related to				75c		No
	Note. Related organizations include sect						
	If "Yes," attach a statement that identifie		-	en this			
	organization and the other organization(s						
	including amounts paid to each individua		_	''			
	,	,			75d	Vaa	
	Does the organization have a written con t V-B Former Officers, Directo					Yes)ther
r e I	Benefits (If any former off						
	(described below) during the						
	benefits in the appropriate of	column. See the instruc	ctions.)	·			
				(D) Contributions to employee benefit plans	(E) Exi	nense acc	count and
	(A) Name and address	(B) Loans and Advances	(C) Compensation	and deferred compensation		ner allowa	
				plans			
Par	t VI Other Information (See the					Yes	No
76	Did the organization engage in any activity not pre	eviously reported to the IRS? If '	'Yes," attach a detailed desc	cription of each activity	76		No
77	Were any changes made in the organizing	or governing documents	but not reported to the	IRS?	77		No
	If "Yes," attach a conformed copy of the	changes					
78a	Did the organization have unrelated business gross	s income of \$1,000 or more duri	ng the year covered by this	retum?	78a		No
b	If "Yes," has it filed a tax return on ${\bf Form}$	990-T for this year?			78b		
79	Was there a liquidation, dissolution, termination, o	r substantial contraction during t	the year? If "Yes," attach a	statement	79		Νo
80a	Is the organization related (other than by associate	ion with a statewide or nationwi	de organization) through cor	mmon membership,			
	governing bodies, trustees, officers, etc , to any o	ther exempt or nonexempt orga	nization?		80a	Yes	
b	If "Yes," enter the name of the organizati	on F TERI FINANCIAL S	ERVICES INC				
			etheritis 🔽 exempti	or I nonexempt			
81a	Enter direct or indirect political expendit						
	Did the organization file Form 1120-POL f	•	· · · · · · · · · · · · · · · · · · ·		81b		N o
		······ , - - · · · · · · · · · · · · · · · · · · ·					

Form 990 (2005)

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Par	t VI Other Information (continued) 290		Yes	No
2a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
Ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III)			
3a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
4a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section $6033(e)(1)(A)$ dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
6	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0			
	Gross receipts, included on line 12, for public use of club facilities 86b 0			
,	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		No
9a	501(c)(3) organizations Enter A mount of tax imposed on the organization during the year under			
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ►			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
0a	List the states with which a copy of this return is filed F			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b			6:
1a	The books are in care of ► EILEEN MORRIS Telephone no ► (617)	535-6	834	
	31 ST JAMES AVENUE Located at ► BOSTON, MA ZIP + 4 ► 02116			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	Γ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	165	No
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			
С	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		Νo
	If "Yes," enter the name of the foreign country 🛌			_
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		!	►
	and enter the amount of tax-exempt interest received or accrued during the tax year			

۴ للتحدد	Analysis of Income-Pi	oducing Activit	11 es (5e	e the Instr uctions	.)		
te: Enter gi	ross amounts unless otherwi	se indicated.		ated business income	 	tion 512, 513, or 514	(E) Related or
			(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
Progra	m service revenue						
a GUARA	ANTEE FEES						245,352,83
b ORIGI	NATION FEES						20,339,06
c CONT	RACTUALINCOME						3,131,95
d RESID	UALINTEREST						32,260,40
e							
f Medica	are/Medicaid payments .						
g Fees a	nd contracts from governme	nt agencies					
	ership dues and assessment	h h					87,56
	on savings and temporary cash in	.			14	296,974	
	nds and interest from securi	t to the second			14	16,865,222	
	ntal income or (loss) from re	F					
	nanced property				+ +		
	bt-financed property	t t					
	al income or (loss) from personal	` ` ' 					
	investment income	T T					
	(loss) from sales of assets other th	· · · · · · · · · · · · · · · · · · ·			1		
	come or (loss) from special e	· · · · · · · · · · · · · · · · · · ·			1		
	profit or (loss) from sales of	· h					
	revenue a				+ +		
ь							
c							
d							
e							
	al (add columns (B), (D), an dd line 104, columns (B), (E	· · · ·				17,162,196	301,171,81
	ie organization's exempt pui Additional Data Table	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , ,				
art IX	Information Regardin	a Taxable Subs	sidiarie	s and Disregar	ded Entities	(See the instru	ctions.)
	(A)	(B)		(C)		(D)	(E)
	Iress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interest		Nature of activitie	s	Total income	
•		%					End-of-year assets
			<u>'</u>				•
		%					•
		%					•
art X	Information Regardin	%		ed with Persona	I Benefit Co	ntracts (See th	assets
	Information Regardin	% g Transfers As	sociate				assets
Did the or		% Ig Transfers As: Ve any funds, directly or	sociate	to pay premiums on a p	ersonal benefit co	ntract?	assets e instructions.
Did the or	rganization, during the year, receiv	% % % % % % % % % % % % % % % % % % %	sociate Indirectly,	to pay premiums on a p indirectly, on a pers	ersonal benefit co	ntract?	e instructions.)
) Did the or) Did the • TE: If "Ye	rganization, during the year, receiv organization, during the yea es" to (b), file Form 8870 an Inder penalties of perjury, I declar	g Transfers Assive any funds, directly or r, pay premiums, directly of d Form 4720 (see insee that I have examined	sociate Indirectly, rectly or structions this return,	to pay premiums on a prindirectly, on a pers including accompanying	ersonal benefit co	ntract?	e instructions.) Yes V No Yes No
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SCHEDULE A (Form 990 or 990EZ) 牣

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Name of the organization EDUCATION RESOURCES INSTITUTE INC THE **Employer identification number**

04-2875329

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
KRISTI PIERCE	ASST EXE DIR			0	
31 SAINT JAMES AVENUE BOSTON,MA 02116	37 5	71,029	4,691		
PAULA CLARK	DIRECTOR, GEAR UP				
31 SAINT JAMES AVENUE BOSTON,MA 02116	37 5	67,508	11,377	C	
MIKE BEATTY 7105-123105	MANAGERIAL ATTORNEY				
31 SAINT JAMES AVENUE BOSTON,MA 02116	37 5	92,781	3,460	0	
DEBORAH HIRSCH	EXEC DIR, BHEP				
31 SAINT JAMES AVENUE BOSTON,MA 02116	22 5	60,521	12,237	0	
JANE ANCRUM HORTON	DIR, EDU ADVISING			0	
31 SAINT JAMES AVENUE BOSTON,MA 02116	37 5	63,111	7,570		
Total number of other employees paid over \$50,000	5				

Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter `None.")

None.)		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
First Marblehead Educ Resources I		
31 St James Ave BOSTON, MA 02116	O perational Services	106,072,120
Zwicker Associates P C		
3 Riverside Drive NORTH ANDOVER, MA 01810	Collection Agency	2,469,361
Van Ru Credit Corporation		
1350 E Touhy Avenue Suite 300E DES PLAINES,IL 60018	Collection Agency	1,876,961
Aurora Consulting		
25 Braintree Hill Park Ste 407 BRAINTREE, MA 02184	Consulting services	664,323
Credit Collection Services		
2 Wells Avenue NEWTON, MA 02459	Collection Agency	428,875
Total number of others receiving over \$50,000 for professional services		

Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individual or

firms. If there are none, enter "None". See page X for instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None

Total number of other contractors receiving over \$50,000 for other services

rt	Ш	Statements About Activities (See page 2 of the instructions.)		Yes	N
		ng the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
		fluence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
		nection with the lobbying activities 🟲 \$(Must equal amounts on line 38, Part VI-A, or line			
		Part VI-B)	1		
	Orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	orga	nizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobby	ying activities			
	Durii	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	subs	tantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any t	taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	princ	apal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🕏			
		, exchange, or leasing property?	2a	Yes	
	Lend	ling of money or other extension of credit?	2b		Г
	Furn	ishing of goods, services, or facilities?	2c	Yes	
		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	İ
		sfer of any part of its income or assets?	2e		
		ou make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you			
		rmine that recipients qualify to receive payments) 🕏	3a	Yes	
		ou have a section 403(b) annuity plan for your employees?	3b	Yes	H
		ng the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с	<u> </u>	Г
		<u> </u>		<u> </u>	L
	Did v	vou maintain anv separate account for participating donors where donors have the right to provide advice ————————————————————————————————————			
		you maintain any separate account for participating donors where donors have the right to provide advice	4a	! 	
	on th	ne use or distribution of funds? ou provide credit counseling, debt management, credit repair, or debt negotiation services?	4a 4b		⊢
•	on th	ne use or distribution of funds? ou provide credit counseling, debt management, credit repair, or debt negotiation services? Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) zation is not a private foundation because it is (Please check only ONE applicable box)			⊢
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Schedule A (Form 990 ტე გა გა 157 წებებებებების T Filed 01/23/20 Fntered 01/23/20 07:32:51 Doc 29-9 Pg. 179 ტ age 3 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2003 (c) 2002 (d) 2001 (e) Total Gifts, grants, and contributions received (Do not include unusual grants | See line | 28) 77,572 Membership fees received 168,025 157,327 120,032 522,956 Gross receipts from admissions, merchandise sold or services performed, or furnishing of 242,416,003 160,691,991 86,374,504 52,561,303 542,043,801 facilities in any activity that is related to the organization's charitable, etc , purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and 2,997,199 7,815,715 3.203.768 2,511,607 16.528.289 unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities 19 not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without Other income Attach a schedule Do not include 22 gain or (loss) from sale of capital assets 250,399,743 164,053,086 89,006,143 55,636,074 559.095.046 Total of lines 15 through 22 7,983,740 3,361,095 2,631,639 3,074,771 17,051,245 24 Line 23 minus line 17 25 Enter 1% of line 23 2,503,997 1.640.531 890,061 556,361 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a **b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess 26b c Total support for section 509(a)(1) test Enter line 24, column (e) 26c d Add Amounts from column (e) for lines 26d e Public support (line 26c minus line 26d total) 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year (2002)0 (2003)0 b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2004)0(2003)0 Add Amounts from column (e) for lines 542,043,801 20 27c 542,566,757 27d A Add Line 27a total e Public support (line 27c total minus line 27d total) 27e 542,566,757 f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 🕨 | 27f | 559.095.046

a Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

27g

27h

97 04 %

2 96 %

Sche	edule A (Form 990 ტგაგი 152 ბებტენე ებტენე — Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9	Pa 18	30 of	age 4
Pa	Trivate School Questionnaire (See page 7 of the insprojetions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	9		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		-		
		-		
		_		
		-		
32	Does the organization maintain the following			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ŀ	b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32b		
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
		-		
		4		
33	Does the organization discriminate by race in any way with respect to			
	Charles to Land to a second and 2			
a	a Students' rights or privileges?	33a		
ŀ	b Admissions policies?	33b		
•	Employment of faculty or administrative staff?	33c		
C	d Scholarships or other financial assistance?	33d		
•	e Educational policies?	33e		
f	F Use of facilities?	33f		
9	g Athletic programs?	33g		
ŀ	h Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		4		
		4		
		-		
24-	Door the organization receive any financial aid or acciptance from a governmental account	24-		
548	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
_	Has the organization's right to such aid ever been revoked or suspended?	34b		
ŀ	h Has the organization's right to such aid ever been revoked or suspended?	34D		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
_	Donatha amanimation and first that the annulus doubt the annulus blancard and a second a second and a second and a second and a second and a second			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	!		
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation	35	1	

Sch	edule A (Form 990 <u>05820167</u> 07065	5-LT Filed 01/2	2 <mark>3/20 Ente</mark>	red 01/23/20	07:3	<u>2:51</u> D	oc 29	- 9 F	<u> 9. 181 offage 5</u>
Pa	rt VI-A Lobbying Expenditu (To be completed O							s.)	
Che	ck a I if the organization belong							ontrol	" provisions apply
	Limits on Lo	obbying Expend	itures			(a A ffiliate	-		(b) To be completed for ALL electing
	(The term "expenditures	s" means amounts p	aid or incurred)		tot	als		organizations
36	Total lobbying expenditures to influe	ence public opinion (grassroots lobb	yıng)	36				
37	Total lobbying expenditures to influe	ence a legislative boo	dy (dırect lobby	ıng)	37				
38	Total lobbying expenditures (add line	es 36 and 37)			38				
39	Other exempt purpose expenditures				39				
40	Total exempt purpose expenditures	(add lines 38 and 39	9)		40				0
41	Lobbying nontaxable amount Enter t	the amount from the	following table-	_					
	If the amount on line 40 is—	The lobbying nonta	axable amount i	is—					
	Not over \$500,000	20% of the amount on		ì					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of		Ļ					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of		· · · · · · · · · · · · · · · · · · ·	41				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	he excess over \$1,	500,000					
	Over \$17,000,000	\$1,000,000		,					
	Grassroots nontaxable amount (ente				42				
43	Subtract line 42 from line 36 Enter				43				0
44	Subtract line 41 from line 38 Enter	-0- if line 41 is more	e than line 38		44				0
	Continue If the second on such as such			4730					
	Caution: If there is an amount on eith	4-Year Averagir				h)			
	- (Some organizations that						e colun	nns bel	ow
	See the	instructions for lines	s 45 through 50	on page 11 of t	he ins	tructions)			
			Lol	bbying Expendit (ıres D	uring 4-Yea	ır Avera	nging P	eriod
	Calendar year (or		(a)	bbying Expendit (ıres D	uring 4-Yea (c)		nging P (d)	eriod (e)
	Calendar year (or fiscal year beginning in) 🏲								
45			(a)	(b)		(c)		(d)	(e)
45	fiscal year beginning in) 🟲	line 45(e))	(a)	(b)		(c)		(d)	(e)
	fiscal year beginning in) ► Lobbying nontaxable amount	line 45(e))	(a)	(b)		(c)		(d)	(e)
46	fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of l	line 45(e))	(a)	(b)		(c)		(d)	(e)
46	fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of l	line 45(e))	(a)	(b)		(c)		(d)	(e)
46	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of l		(a)	(b)		(c)		(d)	(e)
46 47 48 49	fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of lambda) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of lambda)		(a)	(b)		(c)		(d)	(e)
46 47 48 49 50	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of l Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of l Grassroots lobbying expenditures rt VI-B Lobbying Activity by	of line 48(e)) y Nonelecting P	(a) 2005 ublic Chariti	(b) 2004		(c) 2003	20	(d) 002	(e) Total
46 47 48 49 50 Pa	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of lambda) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of lambda) Grassroots lobbying expenditures rt VI-B Lobbying Activity by (For reporting only by	of line 48(e)) y Nonelecting P organizations tha	(a) 2005 ublic Chariti t did not com	(b) 2004 es plete Part VI-A) (Se	(c) 2003 se page 1	1 of th	(d) 002	(e) Total
46 47 48 49 50 Pa	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of l Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of l Grassroots lobbying expenditures rt VI-B Lobbying Activity by	of line 48(e)) y Nonelecting P organizations tha mpt to influence nati	(a) 2005 ublic Chariti t did not com onal, state or lo	(b) 2004 es plete Part VI-A) (Se	(c) 2003 se page 1	20	(d) 002	(e) Total
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46 47 48 49 50 Pa	Lobbying nontaxable amount Lobbying ceiling amount (150% of lambda of lamb	y Nonelecting P organizations tha mpt to influence nati	ublic Chariti t did not com onal, state or lo	(b) 2004 es plete Part VI-A ocal legislation, i	A) (Se	(c) 2003 se page 1	1 of th	e insti	(e) Total
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46 47 48 49 50 Pa Dur atte a b c d e e	Lobbying nontaxable amount Lobbying ceiling amount (150% of land) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of land) Grassroots lobbying expenditures TtVI-B Lobbying Activity by (For reporting only by land) In the year, did the organization attempt to influence public opinion on a left of land) Volunteers Paid staff or management (Include of Media advertisements Mailings to members, legislators, of Publications, or published or broadden.	y Nonelecting P organizations tha mpt to influence nati egislative matter or r compensation in exp	ublic Chariti t did not com onal, state or lo	(b) 2004 es plete Part VI-A ocal legislation, i	A) (Se	(c) 2003 se page 1	1 of th	e insti	(e) Total
46 47 48 49 50 Pa Dur atte a b c d e f	Lobbying nontaxable amount Lobbying ceiling amount (150% of I Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of I Total lobbying expenditures Grassroots lobbying amount (150% of I Grassroots lobbying expenditures TtVI-B Lobbying Activity by (For reporting only by Ing the year, did the organization attempt to influence public opinion on a left of Include of Include of Media advertisements Mailings to members, legislators, of Publications, or published or broadd Grants to other organizations for lot	of line 48(e)) y Nonelecting P organizations tha mpt to influence nati egislative matter or r compensation in exp r the public cast statements bbying purposes	ublic Chariti t did not com onal, state or lo	(b) 2004 es plete Part VI-A ocal legislation, i ough the use of	A) (Se	(c) 2003 se page 1	1 of th	e insti	(e) Total
46 47 48 49 50 Pa Dur atte a b c d e e	Lobbying nontaxable amount Lobbying ceiling amount (150% of I Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of I Total lobbying expenditures Grassroots lobbying expenditures Tt VI-B Lobbying expenditures (For reporting only by ing the year, did the organization attempt to influence public opinion on a leit volunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, of Publications, or published or broadd Grants to other organizations for lot Direct contact with legislators, their	of line 48(e)) y Nonelecting P organizations tha mpt to influence nations and the public compensation in exp r the public cast statements belowing purposes in staffs, government	(a) 2005 ublic Chariti t did not com onal, state or lo referendum, thro penses reported	(b) 2004 es plete Part VI-A cal legislation, i bugh the use of on lines c through	n) (Se	(c) 2003 se page 1	1 of th	e insti	(e) Total
46 47 48 49 50 Pa Dur atte a b c d e f g	Lobbying nontaxable amount Lobbying ceiling amount (150% of I Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of I Total lobbying expenditures Grassroots lobbying amount (150% of I Grassroots lobbying expenditures TtVI-B Lobbying Activity by (For reporting only by Ing the year, did the organization attempt to influence public opinion on a left of Include of Include of Media advertisements Mailings to members, legislators, of Publications, or published or broadd Grants to other organizations for lot	of line 48(e)) y Nonelecting P organizations tha mpt to influence nations and the public cast statements bbying purposes in staffs, government conventions, speech	(a) 2005 ublic Chariti t did not com onal, state or lo referendum, thro penses reported	(b) 2004 es plete Part VI-A cal legislation, i bugh the use of on lines c through	n) (Se	(c) 2003 se page 1	1 of th	e insti	(e) Total

Schedule A Part VII	Information	Regarding Trans	d 01/23/20 Entered 01/23 sfers To and Transagtions age 11 of the instructions.)	3 <u>/20 07:32:51 </u>)-9 Pg. :h Nonch	182 arita	<mark>o</mark> rage 6 ble
	e reporting organizati	on directly or indirect	ly engage in any of the following v			sectio	n
) organizations) or in section 527		ations?		
		g organization to a no	ncharitable exempt organization o	of		Yes	No
(i)	Cash				51a(i)		No
. ,	O ther assets				a(ii)		No
_	transactions				ļ		
			narıtable exempt organızatıon		b(i)		N o
` ,		from a noncharitable	, ,		b(ii)		No
		quipment, or other as	sets		b(iii)		No
• •	Reimbursement arrai	-			b(iv)		No
	Loans or loan guaran				b(v)		No
		•	r fundraising solicitations		b(vi)		N o
			er assets, or paid employees		c		No
_	·		lete the following schedule Colum	• •			
			oorting organization If the organiz			ue in a	ny
transa	ction or sharing arrar	ngement, show in colu	mn (d) the value of the goods, oth				
(a) Line no	(b) A mount involved	Name of noncha	(c) arıtable exempt organization	(d) Description of transfers, to arrange	ansactions	s, and	sharing
descri) of the Code (other th	l with, or related to, one or more to nan section 501(c)(3)) or in secti		▶ ┌	Yes	✓ No
	(a)		(b)	(c)			
	Name of organiza	atıon	Type of organization	Description of r	elationship)	
	_						
			i l				

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TY 2005 Cash Grants Paid Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Class of Activity	Recipient's name	Address	Amount	Relationship
	Matching Gifts- Employee DonationsT	31 SAINT JAMES AVENUE BOSTON, MA 02116	15,975	NONE
	Boston Higher Education Partnership	31 Saint James Avenue Boston, MA 02116	11,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	American Red Cross	DISASTER PO Box 37243 Washington, DC 20013	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	Association of Independent Colleges	11 Beacon Street Suite 1224 Boston, MA 02108	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	New England Board of Higher Educati	45 Temple Place Boston, MA 02111	7,500	NONE/SECTION 501 (C)(3) ORGANIZATION
	World T E A M Sport Sponsorship	150 MOUNT VERNON STREET SUITE 2 DORCHESTER, MA 02125	5,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	Bowdoin College	4100 COLLEGE STATION Brunswick, ME 04011	1,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	Harvard University	1350 MASSACHUSETTS AVENUE CAMBRIDGE, MA 021384002	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION

Class of Activity	ase 19-90065-LT Recipient's name File	ed 01/23/20 Entered 01/ 290	23/20 07:32:51 Do	c 29-Relationship
	Suffolk University	8 Ashburton Place BOSTON, MA 021082770	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	Boston University	881 COMMONWEALTH AVENUE BOSTON, MA 022151303	9,499	NONE/SECTION 501 (C)(3) ORGANIZATION
	National College Access Network	1422 Euclid Avenue Suite 1548 Cleveland, OH 44115	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION

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TY 2005 General Explanation Attachment

Name: EDUCATION RESOURCES INSTITUTE INC THE

Identifier	Return Reference	Explanation
YEAR END 6/30/2006	Form 990, Part VI, Line 82B	Library provides the Education Resources Institute, Inc. with free space for the operation of its center which provides information and advice to students and their families about financial aid and college admission for posthigh school education and career opportunities. The value of this space is not included as revenue or expense.

	Caso	10-00065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 20-9 Pg 186 of
ldentifier	Return Reference	299 planation
Year End 6/30/2006	Form 990, Part II, Line 42 & Part IV, Line 57	======================================

	Case	19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg 187 of
ldentifier	Return Reference	296xplanation
Year end 6/30/2006	Form 990, Part II, Detail of Lines 27 and 28	======================================

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TY 2005 Investments - Securities Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Book Value	Cost/FMV
GOVERNMENT AGENCY OBLIGATIONS	259,096,704	
COMMERCIAL PAPER	284,663	
CERTIFICATES OF DEPOSIT	1,974,474	
BONDS	741,294	
US GOVT GUARANTEED SECURITIES	32,004,492	

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TY 2005 Officer Compensation Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

EIN: 04-2875329

Howard Jacobson

	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	35,500		
Fundraising	0		

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 190 of 290

	200					
	Compensation	EE Benefit Plans	Expense Acct			
Program Services	0					
Mgmt & General	26,500					
Fundraising	0					

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	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	49,000		
Fundraising	0		

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		200	
	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	39,000		
Fundraising	0		

Edward Piana Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 193 of 290

	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	28,500		
Fundraising	0		

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 194 of 290

	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	36,500		
Fundraising	0		

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	<u> </u>		
	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	25,500		
Fundraising	0		

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 196 of 290

	200		
	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	455,062		
Fundraising	0		

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 197 of 290

	Compensation	EE Benefit Plans	Expense Acct
Program Services	200,039		
Mgmt & General	0		
Fundraising	0		

Ann S Coles

Jane DixonCase 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 198 of 290

	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	142,808		
Fundraising	0		

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	230		
	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	138,461		
Fundraising	0		

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 200 of Adrian Haugabrook61206-PRESENT 290

	230		
	Compensation	EE Benefit Plans	Expense Acct
Program Services	6,917		
Mgmt & General	0		
Fundraising	0		

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 201 of 290

_	250		
	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	116,526		
Fundraising	0		

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TY 2005 Other Assets Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Beginning of Year Amount	End of Year Amount
RESIDUAL INT IN SEC PORTFOLIOS	68,138,349	100,219,192
INVESTMENT IN SUBSIDIARY	2,118,727	2,105,627

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TY 2005 Other Changes in Net Assets Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Amount
ROUNDING ADJUSTMENT	1
INVESTMENT IN SUBSIDIA RIES	13,100
UNREALIZED LOSS ON INVESTMENTS	2,449,232

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TY 2005 Other Liabilities Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Beginning of Year Amount	End of Year Amount
LOAN LOSS RESERVE	254,139,822	352,465,877
ACCRUED PENSION LIABILITY	862,186	510,414
LIABILITY FOR OUTSTANDING		43,878,748
CHECKS		

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TY 2005 Other Notes/Loans Receivable Short Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Category/Name	Amount
NOTES RECEIVABLE - TFSI	210,120
NOTES RECEIVABLE-FMC	4,536,647
STUDENT LOANS RECEIVABLE	59,050,105

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TY 2005 Other Revenues Included Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Amount
INVESTMENT IN SUBSIDIARIES	-13,100

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TY 2005 Relationship Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Dr Sherry Penney	Director	THE EDUCATION RESOURCES INST INC	DIRECTOR	DIRECTOR
Michael Gambee 7105 - 112105	Treasurer/CFO	THE EDUCATION RESOURCES INST INC	EMPLOYEE	EMPLOY MENT
ann o'rourke 7105-62806	General counsel	THE EDUCATION RESOURCES INST INC	employmee	employment

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TY 2005 Scholarship Award Statement

Name: EDUCATION RESOURCES INSTITUTE INC THE

EIN: 04-2875329

Statement: CHARITABLE ORGANIZATIONS QUALIFY FOR RECEIVING GRANTS

AND SCHOLARSHIPS FROM THE EDUCATION RESOURCES

INSTITUTE, INC. FOR THE FURTHERANCE OF THEIR CHARITABLE PURPOSES. OTHER RECIPIENTS QUALIFY BASED ON FINANCIAL

NEED AND SCHOLARSHIP.

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TY 2005 Self Dealing Statement

Name: EDUCATION RESOURCES INSTITUTE INC THE

Line Number	Explanation
2a	DURING FISCAL YEARS 2006 AND 2005, TERI'S BOARD OF DIRECTORS INCLUDED ONE MEMBER WHO WAS ON THE BOARD OF DIRECTORS OF FMER. FMER IS A SUBSIDIARY OF FMC AND PROVIDES ADMINISTRATIVE SERVICES TO SUPPORT TERI OPERATIONS. FOR FISCAL YEARS 2006 AND 2005, TERI PAID \$106,072,120 AND \$78,200,000, RESPECTIVELY, TO FMER FOR SERVICES RENDERED UNDER THE MASTER SERVICING AGREEMENT. UNDER THE TERMS OF THE MASTER LOAN GUARANTEE AGREEMENT(MLGA), TERI IS A 25% BENEFICIAL OWNER OF THE RESIDUAL VALUE OF TERI GUARANTEED LOANS HELD IN TRUSTS CREATED BY FIRST MARBLEHEAD CORPORATION (FMC). IN CERTAIN CASES, TERI HAS AMENDED THE MLGA TO REDUCE TERI'S BENEFICIAL INTEREST IN RETURN FOR INCREASED ADMINISTRATIVE FEES FROM THE TRUSTS. FOR TRUSTS CREATED IN 2006, TERI'S BENEFICIAL INTEREST RANGED FROM 11.9% TO 14.9%. FOR TRUSTS CREATED IN 2005, TERI'S BENEFICIAL INTEREST RANGED FROM 20% TO 25%. RESIDUAL INTEREST IN SECURITIZED PORTFOLIOS FROM THESE TRUSTS ACCOUNTED FOR 10.19% AND 13.78% OF TERI'S TOTAL REVENUE FOR THE YEARS ENDED JUNE 30, 2006 AND 2005, RESPECTIVELY. TERI GUARANTEES LOANS FOR OVER 50 CLIENTS, MANY OF WHICH ARE ALSO CLIENTS OF FMC. DURING FISCAL YEARS 2006 AND 2005, TERI SUBLEASED OFFICE SPACE FROM FMER. PAYMENTS MADE TO FMER TOTALED \$509,436 AND \$443,193 FOR THE YEARS ENDED JUNE 30,2006 AND 2005, RESPECTIVELY.

Line Number	Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 210 of 290
2c	RICHARD WILEY IS A DIRECTOR OF TERI. DURING THE FISCAL YEAR ENDED JUNE 30, 2006, TERI PAID FOLEY HOAG, LLP \$36,007 FOR LEGAL SERVICES AND EXPENSES. MR. WILEY IS OF COUNSEL AT FOLEY HOAG, LLP. THE TREASURER OF TERI (JULY 1, 2005 - NOVEMBER 21, 2005) AND GENERAL COUNSEL (JULY 1, 2005 - JUNE 28, 2006) ARE EMPLOYEES OF AURORA CONSULTING. TERI PAYS AURORA CONSULTING FOR CONSULTING SERVICES.

	Case Number 5-LT	Filed 01/23/20	Entered 01/23/20 Explanation Doc 29-9 Pg. 211 of 290
2d		FORM	M 990 PART V

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2005 Supplemental Support Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	0	168,025	242,416,003	7,815,715					250,399,743
2004	0	157,327	160,691,991	3,203,768					164,053,086
2003	0	120,032	86,374,504	2,511,607					89,006,143
2002	0	77,572	52,561,303	2,997,199					55,636,074

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 213 of Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Howard Jacobson 31 Saint James Avenue BOSTON,MA 02116	Director 7	35,500	0	0
Barbara E Tornow 31 Saint James Avenue Boston, MA 02116	Director 7	26,500	0	0
Dr Sherry Penney 31 Saint James Avenue Boston, MA 02116	Director 7	49,000	0	0
Dr Sylvia Q Simmons 31 Saint James Avenue Boston, MA 02116	Director 7	39,000	0	0
Edward Piana 31 Saint James Avenue Boston, MA 02116	Director 7	28,500	0	0
Richard A Wiley ESQ 31 Saint James Avenue Boston, MA 02116	Director 7	36,500	0	0
Neal Finnegan 31 Saint James Avenue Boston, MA 02116	Director 7	25,500	0	0
Willis J Hulings III 31 Saint James Avenue Boston, MA 02116	President / CEO 37 5	455,062	17,998	0
Ann S Coles 31 Saint James Avenue Boston, MA 02116	SVP coll Access Prog 37 5	200,039	23,666	0
Jane Dixon 31 Saint James Avenue Boston, MA 02116	VP Admin 37 5	142,808	5,242	0

Form 990, Part V-Ags Eurosynto Officers, Picegotors & Troustees early (Key From 1979) Doc 29-9 Pg. 214 of

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Michael Gambee 7105 - 112105 31 Saint James Avenue Boston, MA 02116	Treasurer/CFO 30	0	0	C
William Davidson 112105-PRESENT 31 Saint James Avenue Boston, MA 02116	VP/CFO 37 5	138,461	12,267	O
Adrian Haugabrook61206-PRESENT 31 Saint James Avenue Boston,MA 02116	VP Local College Acc 37 5	6,917	0	0
Amy Bizar 62806 - PRESENT 31 Saint James Avenue Boston, MA 02116	VP GENERAL Counsel 37 5	0	0	0
Raymond LaFrance 82205-123005 31 Saint James Avenue Boston, MA 02116	VP Marketing 37 5	116,526	6,509	0
ann o'rourke 7105-62806 31 Saint James Avenue Boston, MA 02116	General counsel 30	0	0	0

Software ID: Software Version:

EIN: 04-2875329

Name: EDUCATION RESOURCES INSTITUTE INC THE

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reporte 6b, 8b, 9b, 10b, or 16 of Pa		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a PROV FOR LOAN LOSS RESE	RVE 43a	131,938,830	131,938,830		
b OUTSIDE CONSULTANTS	43ь	1,073,349	399,921	673,428	
c PROFESSIONAL FEES	43c	106,655,985	106,273,985	382,000	
d BANK CHARGES	43d	293,681	293,681		
e MISCELLANEOUS	43e	194,277	92,474	101,803	
f ADVERTISING	43f	47,758	29,376	18,382	
g COLLECTION COSTS	43g	5,140,242	5,140,242		
h PLACEMENT FEES	43h	130,311	8,300	122,011	

Line No. ▼	Explain how each activity for which income is reported in column of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93-	THE EDUCATION RESOURCES, INC (TERI) WAS INCORPORATED IN
94	JUNE 1985 FOR THE PURPOSES OF AIDING STUDENTS IN ATTAINING
0	AN EDUCATION AND ASSISTING EDUCATIONAL INSTITUTIONS IN
0	PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION TO ACHIEVE
0	THIS PURPOSE THE COMPANY FUNCTIONS AS A GUARANTOR OF STUDENT
0	LOANS DISBURSED BY PARTICIPATING LENDING INSTITUTIONS
0	IN ADDITION, TERI'S COLLEGE ACCESS DIVISION RECEIVES
0	FUNDS FROM FEDERAL AND STATE GOVERNMENT, AND PRIVATE
0	MEMBERSHIP FEES FROM COLLEGES AND UNIVERSITIES
0	THESE REVENUES ARE USED TO PROVIDE INFORMATION TO
0	STUDENTS AND THEIR FAMILIES ABOUT FINANCIAL AID AND
0	COLLEGE ADMISSION FOR POST-HIGH SCHOOL EDUCATION AND
0	CAREER OPPORTUNITIES

se 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 217 Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Form **990**

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2006
Open to Public Inspection

A F	or the	2006 calendar ye	ear, or tax year beginning	07-01-2006 and endi	ng 06-30-200	07	D Employ	er identification number		
	Check if a Iddress ch	nange use IRS	C Name of organization EDUCATION RESOURCES	INSTITUTE INC THE				04-2875329		
Γ	lame cha	label or print or		box if mail is not delivered	d to street addre	ess) Room/suite	E Telepho	ne number		
_	nıtıal retu	type. Se	a 31 SAINT JAMES AVENUE				(617) 5	35-6834		
_	inal retur	Instruc-	1 '	ntry, and ZIP + 4			F Accountin	g method Cash Accrual		
			Boston, MA 02116				☐ Other	(specify) 🕨		
_	mended		1000							
J A	pplication	n pending				H and Lare	not annlicable	to section 527 organizations		
			on 501(c)(3) organizations : s must attach a completed S					n for affiliates? Yes V No		
6 1	Wah sit	or by warmy torusors				H(b) If "Ye	s" enter numb	per of affiliates 🟲		
	web sit	e: 🕨 www teri org				_ H(c) Are al	ll affiliates incl	uded?		
J (Organiza	ation type (check or	nly one) 🕨 🔽 🕏 501(c) (3)	◀ (insert no)	(1) or $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	(If "N	o," attach a lı	st See instructions)		
<u> </u>	Check he	re ▶ ☐ ıf the organı	zation is not a 509(a)(3) suppo	rting organization and its gr	oss receipts are		•	eturn filed by an organization		
1	normally i	not more than 25,00	0 A return is not required, but	f the organization chooses to	o file a return,	cover	ed by a group			
	be sure to	o file a complete retui	<u> </u>				•	n Number ►		
L	Gross re	eceipts Add lines	s 6b, 8b, 9b, and 10b to li	ne 12 🕨 498,822,700	5	M Check attack	(┡	organization is not required to 1 990, 990-EZ, or 990-PF)		
Р	art I	Revenue, Ex	xpenses, and Chang	es in Net Assets o	r Fund Ba	lances (Se	e the ins	tructions.)		
	1	Contributions, g	ıfts, grants, and sımılar ar	nounts received						
	а	Contributions to	donor advised funds .		1a					
	ь	Direct public su	pport (not included on line	1a)	1b					
	С	Indirect public s	upport (not included on lii	ne 1a)	1c					
	d	Government con								
	e	Total (add lines	16							
	2	Program service	. 2	468,505,243						
	3	Membership due	s and assessments .				. 3	105,937		
	4	Interest on savi	ngs and temporary cash 11	nvestments			. 4	250,377		
	5	Dividends and in	nterest from securities .				5	29,713,625		
	6a	Gross rents .			6a					
	ь	Less rental exp								
	С	Net rental incom	60	:						
当	7	Other investmen	nt income (describe 🕨)				7			
Revenue	8a	Gross amount fr	om sales of assets	(A) Securities		(B) O ther	-			
œ		other than inven	tory		8a					
	ь	Less cost or other t	pasis and sales expenses		8b					
	С	Gain or (loss) (a	ttach schedule)		8c					
	d	Net gain or (loss	s) Combine line 8c, colum	ns (A) and (B)			. 80	l		
	9	Special events a	and activities (attach sche	dule) If any amount is	from gaming	j, check here þ	- ┌			
	а	Gross revenue (not including \$	of						
		contributions re	ported on line 1b)		9a					
	Ь		enses other than fundrais		9b					
	C	·	oss) from special events s		1 1		. 90	:		
	10a		nventory, less returns and		10a					
	Ь	_	ods sold		10b					
	C		from sales of inventory (attac	•			10			
	11		from Part VII, line 103)				<u> </u>	<u>'</u>		
	12		dd lines 1e, 2, 3, 4, 5, 6c,					, ,		
v	13		es (from line 44, column (E							
Expenses	14	-	d general (from line 44, co m line 44, column (D)) .	, ,,				· · ·		
	15		15							
ш	16 17		liates (attach schedule)				16			
	18		Add lines 16 and 44, colu it) for the year Subtract li					, ,		
2	19	•	nd balances at beginning					 		
Net Assets	20		n net assets or fund balan					<u> </u>		
≝	21	=	n net assets or lund balan nd balances at end of yea		•		-	· · ·		
	1		, ,	10, 10, 10	,		-	1 3.5,555,515		

Form 990 (2006)

Part III Statement of **Functional Expenses**

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 219 of age 2 lent of All organizations must complete companies and section 4947(a)(1) nonexempt charitable trusts but optional

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $\0 noncash $\0) If this amount includes foreign grants, check here	22-				
221-		22a				
22b	Other grants and allocations (attach schedule) $^{f 8}$ (cash 158,430 noncash 0)					
	If this amount includes foreign grants, check here	22b	158,430	158,430		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	2,175,036	737,476	1,437,560	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	3,372,912	3,372,912		
27	Pension plan contributions not included on lines 25a, b and c	27	543,128	363,373	179,755	
28	Employee benefits not included on lines 25a - 27	28	334,809	263,990	70,819	
29	Payroll taxes	29	359,602	189,785	169,817	
30	Professional fundraising fees	30				
31	Accounting fees	31	217,920		217,920	
32	Legal fees	32	949,207	765,804	183,403	
33	Supplies	33	163,466	99,452	64,014	
34	Telephone	34	13,038	9,617	3,421	
35	Postage and shipping	35	37,876	23,702	14,174	
36	Occupancy	36	888,572	506,486	382,086	
37	Equipment rental and maintenance	37	58,195	28,670	29,525	
38	Printing and publications	38	117,321	24,736	92,585	
39	Travel	39	303,356	205,408	97,948	
40	Conferences, conventions, and meetings	40	340		340	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	105,522	94,970	10,552	
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
ь		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals	44	368,642,979	364,411,671	4,231,308	0
Joint	to lines 13–15)		300,042,979	307,411,071	7,231,300	

► Tyes V No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs $\0 , **(ii)** the amount allocated to Program services $\$ rac{0}{2}$ (iii) the amount allocated to Management and general \$0 , and (iv) the amount allocated to Fundraising \$0

				red 01/23/20 07:32:51		Pg. 220 olfage 3
Part III	Statement of Progi	ram Service Acco	mplishments	(See the instructions.))	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	t is the organization's primary exempt purpose		EDUCATIONAL OPPORTUNITIES THROUGH THE ADMINISTRATION AND GUARANTEE OF LOAN PROGRAMS AND SPONSORSHIP OF COLLEGE ACCESS PROGRAMS TARGETING UNDER-SERVED INDIVIDUALS	Program Service Expenses (Required for 501(c)(3) an (4) orgs , and 4947(a)(1) trusts, but optional for
public	ganizations must describe their exempt purpose achievem cations issued, etc Discuss achievements that are not me cable trusts must also enter the amount of grants and allo	asura	in a clear and concise manner State the number of clients served, the (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt ins to others)	others)
a	SEE STATEMENT 8			
((Grants and allocations \$)		If this amount includes foreign grants, check here 🕨 🦵	364,411,671
ь _.				
c	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
-	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
d .				
-	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
	Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
_f	Total of Program Service Expenses (should equ	al lır	ne 44, column (B), Program services) 🕨	364,411,671

Form 990 (2006) Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 221 of age 4 Part IV Balance Sheets (See the instructions.) Where required, attached schedules and amounts within the description (A) (B) Note: column should be for end-of-year amounts only. End of year Beginning of year 76,960,126 49.333.442 45 45 89,462,539 141,694,904 46 46 Savings and temporary cash investments 36.322.273 Accounts receivable . 47a Less allowance for doubtful accounts 47h 30 246 653 47c 36 322 273 Pledges receivable 48a Less allowance for doubtful accounts 48b 48c 49 Receivables from current and former officers, directors, trustees, and 50a Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) 50h 51a Other notes and loans receivable (attach schedule) 105 909 773 51a 63.796.872 105.909.773 Less allowance for doubtful accounts 51b 51c Assets 52 Inventories for sale or use . . . 52 163 054 96 493 53 Prepaid expenses and deferred charges 53 294,101,627 419,401,240 Investments—publicly-traded securities . ► Cost FMV 54a Investments—other securities (attach schedule) ► Cost FMV 54b 55a Investments—land, buildings, and equipment basis 55a Less accumulated depreciation (attach schedule) 55b 55c 56 Investments—other (attach schedule) . 56 Land, buildings, and equipment basis 57a 657.397 Less accumulated depreciation (attach 424,283 218,625 233,114 57b 57c schedule) 58 Other assets, including program-related investments (describe > 102.324.819 181,155,043 58 657,207,754 934,212,843 59 Total assets (must equal line 74) Add lines 45 through 58 . . . 59 12 298 659 13,928,622 60 60 Accounts payable and accrued expenses . . . 61 61 Grants payable 37,281,432 51,168,213 62 62 63 Loans from officers, directors, trustees, and key employees (attach 63 64a 64a Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) . . . 64h 396.855.039 525.279.395 65 Other liablilities (describe > 65 夗 446, 435, 130 590.376.230 Total liabilities Add lines 60 through 65 66 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 67 through 69 and lines 73 and 74 328.543.385 195 479 396 Balances 67 Unrestricted 67 13,293,228 68 Temporarily restricted 13.293.228 68 2,000,000 2,000,000 69 69 Fund Organizations that do not follow SFAS 117, check here | and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 70 Ъ Assets 71 Paid-in or capital surplus, or land, building, and equipment fund . 71 72 Retained earnings, endowment, accumulated income, or other funds . 72 73 Total net assets or fund balances Add lines 67 through 69 or lines 70 ă through 72 (Column (A) must equal line 19 and column (B) must equal

line 21)

Total liabilities and net assets / fund balances Add lines 66 and 73 . . .

343,836,613

934,212,843

210,772,624

657,207,754

		<u>T Filed 01/23/20 E</u> enue per Audited Fina					
<u>а</u>	Total revenue, gains, and other sup	nort ner audited financial sta	tements			a	501,706,968
b	A mounts included on line a but not		tements				301,700,300
1	Net unrealized gains on investment		b1		2,930,556		
2	Donated services and use of faciliti		b2		2,330,330	1	
3	Recoveries of prior year grants .		b3			1 1	
4	45 7					1 1	
-	Other (specify)		b4		-46,294		
	Add lines b1 through b4		-		<u> </u>	┪ ь │	2,884,262
С	Subtract line b from line a					c	498,822,706
d	A mounts included on Part I, line 12	, but not on line a					
1	Investment expenses not included						
	6b		d1]	
2	Other (specify)						
			_ d2			↓	
	Add lines d1 and d2					d	2,884,262
е	Total revenue (Part I, line 12) Add d					l e l	498,822,706
Part	IV-B Reconciliation of Expe		ncial St	atements	With Expe		r Return
а	Total expenses and losses per aud	•				a	368,642,979
b	A mounts included on line a but not	on Part I, line 17					
1	Donated services and use of faciliti	es	b1				
2	Prior year adjustments reported on	Part I, line				1	
_	20		b2			4	
3	Losses reported on Part I, line		Ь3				
4	Other (specify)		b4				
	Add lines hat through ha					- ь	
_	Add lines b1 through b4 Subtract line b from line a						260 642 070
C			• •			С	368,642,979
d •	A mounts included on Part I, line 17		ı	I			
1	Investment expenses not included 6b	•	d1				
2	Other (specify)					1	
			_ d2				
	Add lines ${f d1}$ and ${f d2}$					d	
e	Total expenses (Part I, line 17) Ad						368,642,979
D- 1	d		- 1.	(1 -1		e	
Part	V-A Current Officers, Director, trustee, or key entire instructions.)				they were i	not comp	
	(A) Name and address	(B) Title and average hours per week devoted to position		mpensation id, enter -0)	(D) Contrib employee ben deferred com plan	efit plans & pensation	(E) Expense account and other allowances
See Ac	dditional Data Table						
			1				
			1				1

	990 (20 t V-A		ase 19-9	00065-LT	Filed 01/23/20 s, Trustees, and K	Entered	01/23/20 0	7:32:51 Doc 29-9) Pg	. 223 Yes	O ^r fage 6
				-			• '		1	res	140
/5a					rs, and trustees permit	ied to vote	-	n business at board			
.	meeting	•			· · · · · · ·		<u>▶</u> 8	abast sampansatad			
D					y employees listed in F						
					highest compensated						
				•	A or II-B, related to ea		_	<u>_</u>			
					nt that identifies the ind				75b	Yes	
С					y employees listed in F						
	employ	ees listed	ın Schedule	A, Part I, or	highest compensated	profession	al and other in	dependent			
	contrac	tors listed	ın Schedul	e A , Part II - ,	A or II-B, receive com	pensation	from any other	organizations, whether			
	organız	ation" .			the organization? See t			finition of "related	75c		No
	If "Yes,	" attach a	statement t	hat includes	the information describ	bed in the	instructions				
					lict of interest policy?				75d	Yes	
Pai	L V-B	Benefit (describ	s (If any ed below)	former office during the	cer, director, trustee	e, or key on below	employee re-	t Received Comperceived compensation amount of compens	າ or otl	her bei	nefits
	(A	A) Name and	address		(B) Loans and Advances		Compensation paid enter -0-)	employee benefit plans and deferred compensation plans		pense acc ner allowa	count and ances
Par	t VI	Other In	formatio	n (See the	instructions.)					Yes	No
76				•	or methods of conducting a	ctivities? If "	Yes." attach a		1		
,,		_	_		_	ctivities in	res, attacir a		76		l No
77			•		or governing document	te but not i	capartad to the	TDC2	77		No
•				copy of the c	, ,	is but not i	eported to the	11(3)	''		110
70-								h 2	700		l No
		-		_	income of \$1,000 or more of	,	•		78a		No
					990-T for this year? .				78b		
79	Was ther a statem	Ť	ı, aissolution,	· · · ·	substantial contraction during	ı ı ı ı	ıı res," attach		79		No
80a	Is the org	ganization rel	ated (other th	an by association	on with a statewide or nation	nwide organi	zation) through co	mmon membership,			
	governin	g bodies, trus	tees, officers,	etc , to any ot	her exempt or nonexempt o	rganization?			80a	Yes	
b	If"Yes	," enter the	name of th	ie organizatio	on ► TERI FINANCIAI	L SERVICI	ESINC				
					and check	whether it	ıs 🔽 exempt	or nonexempt			
81a	Enter d	irect or ind	irect politic	:al expenditu	res (See line 81 instru	ıctıons)	81a				
b	Did the	organizati	on file Form	1120-PO L fo	orthis vear?				81b		l No

	990 (2006) Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9	<u>Pg</u> .	224	O^Rage 7
	t VI Other Information (continued) 290	\longrightarrow	Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or			
	at substantially less than fair rental value?	82a	Yes	
Ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	In Part I or as an expense in Part II(See instructions in Part III)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
	Section 162(e) lobbying and political expenditures 85d	1		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85fto its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year [?]	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0			
b	Gross receipts, included on line 12, for public use of club facilities 86b 0			
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX			
	and sol 7701 S. If Yes, complete full IX. I. I. I. I. I. I. I. I. I. I. I. I. I.	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning			
	of section 512(b)(13)? If yes complete Part XI			
		88b		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ►			
Ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons			
	during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		Νο
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		No
a	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting			.,,,
9	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		No
	List the states with which a copy of this return is filed MA			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)			93
91a	·	535- <i>6</i>	834	
	The books are in care of FEILEEN MORRIS Telephone no Feich	223-66	U J 4	
	31 ST JAMES AVENUE Located at BOSTON, MA ZIP + 4 D 02116			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial	\longrightarrow	Yes	No
	account)?	91b		No
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

rm 990 (2006) Case 19-90065-LT Filed 01 art VI Other Information (continued)	L/23/20 E	<u>ntered 01/23</u> 290	<u>/20 07:32:52</u>	L Doc 29-9 F	<u>Pg. 225</u> Yes	Of age l
,				C+-+2 04	_	
c At any time during the calendar year, did the organiza	ation maintain	an oπice outside	e of the United	States? 91	.c	No
If "Yes," enter the name of the foreign country ▶						
Section 4947(a)(1) nonexempt charitable trusts filing For						▶
and enter the amount of tax-exempt interest received				▶ 92		
rt VII Analysis of Income-Producing Activ				. 542 542 544		
te: Enter gross amounts unless otherwise indicated.	(A)	business income	(C)	ction 512, 513, or 514	(E) Relate	
	Business	(B) Amount	Exclusion	(D) Amount	exempt f	
B Program service revenue	code		code		incor	
a GUARANTEE FEES					346	5,041,454
b ORIGINATION FEES),979,073
c GRANTS AND CONTRACTS						2,608,198
d RESIDUAL INTEREST						3,876,518
e RESIDUAL INTEREST						7,070,310
f Medicare/Medicaid payments						
g Fees and contracts from government agencies						
Membership dues and assessments			+			105,937
Interest on savings and temporary cash investments			14	250,377		100,000
Dividends and interest from securities			14	29,713,625		
Net rental income or (loss) from real estate				, ,		
a debt-financed property						
b non debt-financed property						
Net rental income or (loss) from personal property						
Other investment income						
Gain or (loss) from sales of assets other than inventory						
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventory						
Other revenue a INCOME FROM						
b ROYALTIES			15	247,524		
c						
d						
e						
Subtotal (add columns (B), (D), and (E))				30,211,526	468	3,611,180
5 Total (add line 104, columns (B), (D), and (E))				· · · •	498,8	22,706
te: Line 105 plus line 1e, Part I, should equal the amount or	n line 12, Part I.	•				
art VIII Relationship of Activities to the A						
ne No. Explain how each activity for which income is report of the organization's exempt purposes (other than				portantly to the acc	omplishm	nent
See Additional Data Table	. s, promaing i	p	p = = = ;			
art IX Information Regarding Taxable Su	bsidiaries a	ınd Disregar	ded Entities	S (See the instr		•
(A) (B) Name, address, and EIN of corporation, Percentage of		(C) Nature of activitie	.,	(D) Total income	(E End-of	
partnership, or disregarded entity ownership interes	t %	natare or activitie		rotal medine	asse	ets
	%					
	%					
	%					
Part X Information Regarding Transfers A instructions.)	ssociated v	with Persona	ıı Benefit Co	ntracts (See th	e	
Did the organization, during the year, receive any funds, directly	or indirectly to be	av premiume op a r	nersonal hanofit co	ntract?	Yes	✓ No
			и своим пенень со		,	

orm 9	90 (200	⁽⁶⁾ Case 19-	-90065-LT Fil	ed 01/23/20	Entered 01/2	23/2	0 07:32:51	Doc 29	9-9 Pa	. 226 d	Page S	
Part		nformation Reg	jarding Transfe nization as define	ers To and F	rom Co <mark>ngr</mark> olled	d En	itities Comp	lete only	if the org	anizati	on is	
										Yes	No	
106			ation make any tra plete the schedule l		trolled entity as def controlled entity	fined	ın section 512	(b)(13) of			Νo	
		(A) Name and address controlled ent		Employer I	B) dentification nber		(C) Description of transfer		(A mount	D) of transf	er	
		Totals										
										Yes	No	
107			ration receive any to plete the schedule b		controlled entity a controlled entity	as def	ined in section	512(b)(13	3) of	Yes		
	(A) Name and address of each controlled entity			Employer I	B) dentification nber		(C) Description of transfer	ription of A mount			(D) t of transfer	
		Totals									233,887	
										Yes	No	
108		-	e a binding written o escribed in questio		ct on August 17, 20	006	covering the in	terests, re	nts,		No	
					rn, including accompan							
		d belief, it is true, corre	ect, and complete Deck	aration of preparer	(other than officer) is b	based	on all information	of which pre	parer has ar	ny knowled	dge	
leas ign	e •	Signature of officer					2008-02- Date	-12				
lere	[-					Date					
		William Davidson SVP, Type or print name an										
Paid	r	Signature	WATERHOUSECOOPERS	S LLP	Date	S	Check if self- empolyed •	Preparer's S	SN or PTIN	(See Gen	Inst W	
Jse Only	Firm's name (or yours if self-employed), address, and ZIP + 4 PricewaterhouseCoop			pers LLP				EIN Þ				
			125 High Street Boston, MA 02110					Phone no	(617) 530)-5000		

Form 990 (2006)

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization EDUCATION RESOURCES INSTITUTE INC THE **Employer identification number**

04-2875329

Part I	Compensation of the Five Highest Paid Employees Other	Than Officers, Directors, and Trustees
	(See page 2 of the instructions. List each one. If there are none	, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EILEEN MORRIS 31 SAINT JAMES AVENUE BOSTON, MA 02116	* TITLE 37 5	163,000	12,857	0
RUTH SHERMAN 31 SAINT JAMES AVENUE BOSTON, MA 02116	* TITLE 37 5	95,392	3,127	0
BASSEM GOBRAN® 31 SAINT JAMES AVENUE BOSTON,MA 02116	ACCOUNTING MANAGER 37 5	82,500	11,069	0
KRISTI PIERCE S 31 SAINT JAMES AVENUE BOSTON, MA 02116	*TITLE 37 5	78,655	5,351	0
TIM EISENSTADT 31 SAINT JAMES AVENUE BOSTON, MA 02116	MARKETING MANAGER 37 5	73,363	5,218	0
Total number of other employees paid over \$50,000	10			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
First Marblehead Educ Resources Inc		
31 St James Ave	Operational Services	134,844,987
BOSTON, MA 02116		
Zwicker AND Associates PC		
3 Riverside Drive	Collection Agency	2,852,464
NORTH ANDOVER, MA 01810		
Van Ru Credit Corporation		
1350 E Touhy Avenue Suite 300E	Collection Agency	1,967,914
DES PLAINES,IL 60018		
NCO Financial Services		
PO Box 931069	Collection Agency	454,134
CLEVELAND, OH 44193		
Credit Collection Services		
2 Wells Avenue	Collection Agency	400,489
NEWTON, MA 02459		
Total number of others receiving over \$50,000 for		
professional services 🕨		

	<u> </u>			
Part II-B	Compensation of the Five I	Highest Paid Independe	ent Contractors for C	ther Services
	(List each contractor who perfo	ormed services other than	professional services,	whether individuals or
	firms. If there are none, enter	"None" See page 2 for in	structions)	

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over		<u>.</u>

Form 990-EZ.

Sche	^{dule A (Form 990} Cგალ 1979ბმშნ-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 F	² g. 22	28 of	age 2
Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	connection with the lobbying activities ► \$(Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1		Νo
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📆			
а	Sale, exchange, or leasing property?	2a	Yes	
ь	Lending of money or other extension of credit?	2b		Νo
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e	İ	Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation		İ	
	of how the organization determines that recipients qualify to receive payments) $lacktriangledown$	3a	Yes	İ
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		Νo
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax			

Sche	dule A	⁴ (Form 990 C5880157-500065-LT	Filed 01/23/20 E	ntered 01/23/20	0 07:32:51	Doc 29-9	Pg. 229 of age 3
Р	art I	V Reason for Non-Private F	oundation Status	(See pages 4 th	rough 7 of the	instructions)
I cer	tıfy th	at the organization is not a private foun	idation because it is (P	lease check only C	NE applicable b	ox)	
5	\sqcap	A church, convention of churches, or a	association of churches	Section 170(b)(1)(A)(ı)		
6	\sqcap	A school Section 170(b)(1)(A)(ii) (A	Iso complete Part V)				
7	Γ	A hospital or a cooperative hospital s	ervice organization Sec	ction 170(b)(1)(A)	(111)		
8	Γ	A federal, state, or local government o	or governmental unit So	ection 170(b)(1)(A)(v)		
9	\sqcap	A medical research organization opera	ated in conjunction with	na hospital Section	n 170(b)(1)(A)(ı	п) Enter the h	nospital's name, city,
		and state 🕨					
10	Γ	An organization operated for the bene	fit of a college or univer	rsity owned or opera	ated by a govern	mental unit	
		Section $170(b)(1)(A)(iv)$ (Also comp	lete the Support Schedu	ıle ın Part IV-A)			
11a	\sqcap	An organization that normally receive	s a substantial part of i	ts support from a g	overnmental uni	t or from the g	eneral public
		Section 170(b)(1)(A)(vi) (Also comp	lete the Support Schedu	ıle ın Part IV-A)			
11b	Γ	A community trust Section 170(b)(1))(A)(vı) (Also complete	the Support Sched	lule ın Part IV -A)	
12	굣	An organization that normally receive	s (1) more than 33 _{1/3}	% of its support fro	om contributions	, membership	fees, and gross
		receipts from activities related to its	charitable, etc , functioi	ns—subject to certa	aın exceptions, a	and (2) no mo	re than 331/3% of
		its support from gross investment inc	ome and unrelated busi	ness taxable incom	ne (less section	511 tax) from	businesses
		acquired by the organization after Jun	e 30, 1975 See sectio	n 509(a)(2) (Also	complete the Su	ipport Schedul	e in Part IV-A)
13	Γ	An organization that is not controlled requirements of section 509(a)(3) Ch		•		•	vise meets the
		Type I Type II Type	e III - Functionally Inte	egrated Γ T	Гуре III – O ther		
		Provide the following informa	tion about the supporte	ed organizations. (s	see page 7 of the	e instructions.)
(a) Name(s) of supported organization(s)			(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do Yes	pported isted in the ganization's	(e) A mount of support?
				IRC section)	res	INO	
Tota	ı			<u> </u>	<u> </u>		>

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Schedule A (Form 990ල 5 ዲያባ ኒር እት ያስተለያ - I T Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 230 of age 4 Part IV-A Support Schedule (Complete only if you checked a box or line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2004 (c) 2003 (d) 2002 (e) Total Gifts, grants, and contributions received (Do not 0 include unusual grants See line 28) 87,564 157,327 16 Membership fees received 168,025 120,032 532,948 Gross receipts from admissions, merchandise sold or services performed, or furnishing of 301,084,255 242,416,003 160,691,991 86,374,504 790,566,753 facilities in any activity that is related to the organization's charitable, etc , purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and 17,162,196 7.815.715 3.203.768 2,511,607 30.693.286 unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without Other income Attach a schedule Do not include 22 gain or (loss) from sale of capital assets Total of lines 15 through 22 318,334,015 250,399,743 164,053,086 89,006,143 821.792.987 24 Line 23 minus line 17 17,249,760 7,983,740 3,361,095 2,631,639 31,226,234 25 Enter 1% of line 23 3.183.340 2,503,997 1,640,531 890,061 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a **b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26h c Total support for section 509(a)(1) test Enter line 24, column (e) 26c d Add Amounts from column (e) for lines 26d e Public support (line 26c minus line 26d total) 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year 0(2004) 0(2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year 0(2004) 0(2003) 0(2002) (2005)c Add Amounts from column (e) for lines 15 790,566,753 20 791,099,701 27d A Add Line 27a total Public support (line 27c total minus line 27d total) 27e 791.099.701 f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ | 27f | 821,792,987 a Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 96 27 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))▶

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005,

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

27h

3 73 %

	rt V Private School Questionnaire (See page 7 of the inspigations.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	Pg. 23	3 <u>1 of</u> 3	age 4
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		_		
		_		
		_		
		┙ '		
32	Does the organization maintain the following			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ŀ	h Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
C	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
		4		
22	Deep the eventual discomminate by wheeling any way with respect to	-		
33	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	33a		
ē	students rights or privileges.			
	h Admissions policies?	33b		
) Administrations policies.	338		
_	Employment of faculty or administrative staff?	33c		
•	: Employment of faculty of autilinistrative stair	330		
	Scholarships or other financial assistance?	33d		
•	1 Scholarships of other infancial assistance.	33 u		
_	Educational policies?	33e		
•	Ladeational policies	330		
	Use of facilities?	33f		
•	ose of facilities	33.		
	a Athletic programs?	33g		
	, manette programs	9		
	h Other extracurricular activities?	33h		
•				
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		\dashv		
		┦ '		
		┨		
34a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
Ŀ	has the organization's right to such aid ever been revoked or suspended?	34b		
_	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	j i	

Schedule A (Form 990 ტგაგი 152 ბემემენი T Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768) Check > a if the organization belongs to an affiliated group Check ▶ b ☐ If you checked "a" and "limited control" provisions apply (b) Limits on Lobbying Expenditures (a) To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is-The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0 - if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) 2006 2005 2004 2003 fiscal year beginning in) Total Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures 50 Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any Yes A mount Nο attempt to influence public opinion on a legislative matter or referendum, through the use of Νo a Volunteers Paid staff or management (Include compensation in expenses reported on lines c through h.) Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule A Part VII	Information	Regarding Trans	d 01/23/20 Entered 01/2: sfers To and Transagtions age 13 of the instructions.)	3/20 07:32:51 Doc 29- and Relationships With	9 <u>Pg. 23</u> 3 Noncharit	able
51 Did th			ly engage in any of the following w	with any other organization des	crıbed ın sect	ıon
501(c) of the Code (other t	han section 501(c)(3) organizations) or in section 527	, relating to political organizat	ions?	
a Transi	fers from the reporting	g organization to a no	ncharitable exempt organization o	of	Yes	No
(i)	Cash				51a(i)	No
(ii)	O ther assets				a(ii)	No
b Other	transactions					
(i)	Sales or exchanges	of assets with a nonch	narıtable exempt organızatıon		b(i)	Νο
(ii)	Purchases of assets	from a noncharitable	exempt organization		b(ii)	No
(iii)	Rental of facilities, e		b(iii)	No		
(iv)	Reimbursement arrai	ngements			b(iv)	Νo
(v)	Loans or loan guaran	itees			b(v)	No
(vi)	Performance of servi	ces or membership oi	fundraising solicitations		b(vi)	No
c Sharın	ig of facilities, equipm	nent, mailing lists, oth	er assets, or paid employees		С	No
d Ifthe	answer to any of the a	above is "Yes," compl	ete the following schedule Colum	nn (b) should always show the f	aır market va	lue of the
goods	, other assets, or ser	vices given by the rep	orting organization If the organiz	zation received less than fair m	ıarket value ır	any
transa	ction or sharing arrar	ngement, show in colu	mn (d) the value of the goods, oth	ner assets, or services receive	d	
(a) Line no	(b) A mount involved	Name of noncha	(c) aritable exempt organization	(d) Description of transfers, tra arrangem		d sharing
descri	bed in section 501(c s," complete the follo) of the Code (other th	with, or related to, one or more tonan section 501(c)(3)) or in section	on 527?	►	✓ No
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of rel	ationshin	
	Name of organiza	41011	Type of organization	Description of re-	acionsinp	

Software ID: Software Version:

EIN: 04-2875329

Name: EDUCATION RESOURCES INSTITUTE INC THE

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
а	PROV FOR LOAN LOSS RESERVE	43a	213,345,554	213,345,554		
Ь	OUTSIDE CONSULTANTS	43b	1,610,091	921,162	688,929	
С	PROFESSIONAL FEES - FMER, TMSI	43c	134,844,987	134,844,987		
d	PROFESSIONAL FEES - OTHER	43d	417,477	141,165	276,312	
е	ADVERTISING	43e	85,584	78,888	6,696	
f	COLLECTION COSTS	43f	6,546,544	6,546,544		
g	PLACEMENT FEES	43g	268,520	67,130	201,390	
h	BANK CHARGES	43h	400,558	400,558		
i	MISCELLANEOUS	43i	1,324,934	1,220,872	104,062	

Form 990, Part V-Ags Eurosyto Officers, Piegotors Trustees end Key From loves 51 Doc 29-9 Pg. 235 of

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Howard Jacobson 31 Saint James Avenue BOSTON,MA 02116	Director 7 0	49,500	0	0
Barbara E Tornow 31 Saint James Avenue Boston, MA 02116	Director 7 0	44,000	0	0
Dr Sherry Penney 31 Saint James Avenue Boston, MA 02116	Director 7 0	71,000	0	0
Dr Sylvia Q Simmons 31 Saint James Avenue Boston, MA 02116	Director 7 0	53,500	0	0
Edward Piana 31 Saint James Avenue Boston, MA 02116	Director 7 0	48,000	0	0
Richard A Wiley ESQ 31 Saint James Avenue Boston, MA 02116	Director 7 0	37,750	0	0
Neal Finnegan 31 Saint James Avenue Boston, MA 02116	Director 7 0	36,500	0	0
Willis J Hulings III 31 Saint James Avenue Boston, MA 02116	President / CEO 37 5	503,000	41,165	0
Ann S Coles 31 Saint James Avenue Boston, MA 02116	SVP coll Access Prog 37 5	200,750	21,151	0
Jane Dixon 31 Saint James Avenue Boston, MA 02116	VP Admin 37 5	167,750	16,404	0

Form 990, Part V-Ags Eurogoto Officers, Piegotors Trustees end Key From loves 51 Doc 29-9 Pg. 236 of

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Scott Prince 31 Saint James Avenue Boston, MA 02116	VP Marketing 37 5	84,295	4,453	O
William Davidson 31 Saint James Avenue Boston, MA 02116	SVP/CFO 37 5	278,000	26,049	0
Adrian Haugabrook 31 Saint James Avenue Boston, MA 02116	VP Local College Acc 37 5	130,000	12,307	0
Amy Bizar 31 Saint James Avenue Boston, MA 02116	VP GENERAL Counsel 37 5	217,481	17,585	0
Lee Powell 31 Saint James Avenue Boston, MA 02116	VP Operations 37 5	30,385	475	0
John Marcus 31 Saint James Avenue Boston, MA 02116	SVP Bus Devlp 37 5	77,596	5,940	0

Form 99	Form 990, Part VIII Relationship of Activities to the Accomplish mention Exempt Porposes Po. 237 of					
Line No. ▼	Explain how each activity for which income is reported in column of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).					
93-	THE EDUCATION RESOURCES, INC (TERI) WAS INCORPORATED IN					
94	JUNE 1985 FOR THE PURPOSES OF AIDING STUDENTS IN ATTAINING					
0	AN EDUCATION AND ASSISTING EDUCATIONAL INSTITUTIONS IN					
0	PROVIDING AN EDUCATION IN AN ECONOMICAL FASHION TO ACHIEVE					
0	THIS PURPOSE THE COMPANY FUNCTIONS AS A GUARANTOR OF STUDENT					
0	LOANS DISBURSED BY PARTICIPATING LENDING INSTITUTIONS					
0	IN ADDITION, TERI'S COLLEGE ACCESS DIVISION RECEIVES					
0	FUNDS FROM PRIVATE FOUNDATIONS, FEDERAL, STATE, AND LOCAL					
0	GOVERNMENT, AND PRIVATE MEMBERSHIP FEES FROM COLLEGES AND					
0	UNIVERSITIES THESE REVENUES ARE USED TO PROVIDE					
0	INFORMATION TO STUDENTS AND THEIR FAMILIES ABOUT					
0	FINANCIAL AID AND COLLEGE ADMISSION FOR POST-HIGH					
0	SCHOOL EDUCATION AND CAREER OPPORTUNITIES					

TY 2006 Cash Grants Paid Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Class of Activity	Recipient's name	Address	Amount	Relationship
	Matching Gifts- Employee DonationsT	31 SAINT JAMES AVENUE BOSTON, MA 02116	20,730	NONE
	Edvestors	140 Clarendon Street Suite 305 Boston, MA 02116	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	University of Massachusetts	100 Morrissey Blvd Boston, MA 02125	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	Association of Independent Colleges	and Universities in Massachusetts 11 Beacon Street Suite 1224 Boston, MA 02108	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	Council for Opportunity in Educatio	1025 Vermont Avenue Suite 900 Washington, DC 20005	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	World TEAM Sport Sponsorship	150 MOUNT VERNON STREET SUITE 2 DORCHESTER, MA 02125	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	Bowdoin College	4100 COLLEGE STATION Brunswick, ME 04011	2,500	NONE/SECTION 501 (C)(3) ORGANIZATION
	Colleges Of Worcester Consortium	Awards Dinner Scholarship 484 Main Street Suite 500C Worcester, MA 01608	5,000	NONE/SECTION 501 (C)(3) ORGANIZATION

			h - /	
Class of Activity	as 19-90065-LT File	d 01/23/20 Entered 01/3	23/20 07:32:51 Do	Relationship f
	Access - Sponsorship Gala	31 Saint James Avenue Boston, MA 02116	5,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	Dana Farber Institute	44 Binney Street Boston, MA 02118	500	NONE/SECTION 501 (C)(3) ORGANIZATION
	National College Access Network	1422 Euclid Avenue Suite 1548 Cleveland, OH 44115	15,300	NONE/SECTION 501 (C)(3) ORGANIZATION
	Boston Public Schools Sponsorship	26 Court Street 5th Floor Boston, MA 02108	300	NONE/SECTION 501 (C)(3) ORGANIZATION
	Academy of Public Service	9 Peacevale Road Dorchester, MA 02124	100	NONE/SECTION 501 (C)(3) ORGANIZATION
	University of Penn PASFAA Conferenc	550 Dupont Avenue York, PA 17403	250	NONE/SECTION 501 (C)(3) ORGANIZATION
	Massachusetts Association of Studen	Financial Aid Administrators PO Box 66003 Auburndale, MA 02466	7,500	NONE/SECTION 501 (C)(3) ORGANIZATION
	The Boston Foundation	75 Arlington Street Boston, MA 02116	50,000	NONE/SECTION 501 (C)(3) ORGANIZATION
,				

Class of Activity	ase 19-90065-LT File	d 01/23/20 Entered 01/	23/20 07:32:51 Do	Relationship
	Lesley University	29 Everett Street Cambridge, MA 02138	250	NONE/SECTION 501 (C)(3) ORGANIZATION
	University of Massachusetts Donahu	225 FRANKLIN STREET 12TH FLOOR BOSTON, MA 02110		NONE/SECTION 501 (C)(3) ORGANIZATION

TY 2006 General Explanation Attachment

Name: EDUCATION RESOURCES INSTITUTE INC THE

ldentifier	Return Reference	Explanation
YEAR END 6/30/2007	Form 990, Part VI, Line 82B	======================================

	Case	10-00065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 20-9 Pg 242 of
ldentifier	Return Reference	29®planation
Year End 6/30/2007	Form 990, Part II, Line 42 & Part IV, Line 57	======================================

efile GRAPHIC pr@tseDO 4000 PROCESSile (AS 17/18/20 at Entered 01/23/20 07:32:51 DoD 20:93490042902588

TY 2006 Other Assets Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Beginning of Year Amount	End of Year Amount
RESIDUAL INT IN SEC PORTFOLIOS	100,219,192	179,095,710
INVESTMENT IN SUBSIDIARY	2,105,627	2,059,333

efile GRAPHIC pr@tseDO 1900 PROCESSile (AS 17/18/20 at Entered 01/23/20 07:32:51 DoD 20:93490044002588

TY 2006 Other Changes in Net Assets Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Amount
UNREALIZED GAIN ON INVESTMENTS HELD	2,930,556
INVESTMENT IN SUBSIDIARY	-46,294

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290

TY 2006 Other Liabilities Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Beginning of Year Amount	End of Year Amount
LOAN LOSS RESERVE	352,465,877	485,536,621
ACCRUED PENSION LIABILITY	510,414	376,900
LIABILITY FOR OUTSTANDING	43,878,748	39,365,874
CHECKS		

TY 2006 Other Notes/Loans Receivable Short Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Category/Name	Amount
NOTES RECEIVABLE - TFSI	210,120
NOTES RECEIVABLE-FMC	3,734,552
STUDENT LOANS RECEIVABLE	101,965,101

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TY 2006 Other Revenues Included Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Amount
INVESTMENT IN SUBSIDIARIES	-46,294

290

TY 2006 Relationship Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Dr Sherry Penney	Director	THE EDUCATION RESOURCES INST INC	DIRECTOR	DIRECTOR

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TY 2006 Employee Compensation Explanation

Name: EDUCATION RESOURCES INSTITUTE INC THE

Employee	Explanation
EILEEN MORRIS	*CONTROLLER, DIRECTOR OF FINANCIAL MANAGEMENT
RUTH SHERMAN	*DIRECTOR, REGIONAL/ NATIONAL PROGRAMS
BASSEM GOBRAN	
KRISTI PIERCE	*ASSOCIATE LOCAL COLLEGE ACCESS PROGRAMS EXECUTIVE DIRECTOR
TIM EISENSTADT	

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290

TY 2006 Scholarship Award Statement

Name: EDUCATION RESOURCES INSTITUTE INC THE

EIN: 04-2875329

Statement: CHARITABLE ORGANIZATIONS QUALIFY FOR RECEIVING GRANTS

AND SCHOLARSHIPS FROM THE EDUCATION RESOURCES

INSTITUTE, INC. FOR THE FURTHERANCE OF THEIR CHARITABLE PURPOSES. OTHER RECIPIENTS QUALIFY BASED ON FINANCIAL

NEED AND SCHOLARSHIP.

TY 2006 Self Dealing Statement

Name: EDUCATION RESOURCES INSTITUTE INC THE

Line Number	Explanation
2a	DURING FISCAL YEARS 2007 AND 2006, TERI'S BOARD OF DIRECTORS INCLUDED ONE MEMBER WHO WAS ON THE BOARD OF DIRECTORS OF FIRST MARBLEHEAD EDUCATION RESOURCES (FMER). FMER IS A SUBSIDIARY OF THE FIRST MARBLEHEAD CORPORATION (FMC) AND PROVIDES ADMINISTRATIVE SERVICES TO SUPPORT TERI OPERATIONS. FOR FISCAL YEARS 2007 AND 2006, TERI PAID \$134,844,987 AND \$106,072,120, RESPECTIVELY, TO FMER FOR SERVICES RENDERED UNDER THE MASTER SERVICING AGREEMENT. UNDER THE TERMS OF THE MASTER LOAN GUARANTEE AGREEMENT(MLGA) AND SUBSEQUENT AMENDMENTS BETWEEN TERI AND FMC, TERI IS A BENEFICIAL OWNER OF THE RESIDUAL VALUE OF TERI GUARANTEED LOANS HELD IN TRUSTS CREATED BY FMC. IN CERTAIN CASES, TERI HAS AMENDED THE MLGA TO REDUCE TERI'S BENEFICIAL INTEREST IN RETURN FOR INCREASED ADMINISTRATIVE FEES FROM THE TRUSTS. FOR TRUSTS CREATED IN 2007, TERI'S BENEFICIAL INTEREST RANGED FROM 34.05% TO 23.51%. FOR TRUSTS CREATED IN 2006, TERI'S BENEFICIAL INTEREST RANGED 11.93% TO 14.85%. RESIDUAL INTEREST IN SECURITIZED PORTFOLIOS FROM THESE TRUSTS ACCOUNTED FOR 15.70% AND 10.19% OF TERI'S TOTAL REVENUE FOR THE YEARS ENDED JUNE 30, 2007 AND 2006, RESPECTIVELY. TERI GUARANTEES LOANS FOR OVER 50 LENDERS, MANY OF WHICH HAVE BUSINESS RELATIONSHIPS WITH FMC. DURING FISCAL YEARS 2007 AND 2006, TERI SUBLEASED OFFICE SPACE FROM FMER. PAYMENTS MADE TO FMER TOTALED \$655,005 AND \$509,436 FOR THE YEARS ENDED JUNE 30,2007 AND 2006, RESPECTIVELY.

Line Number	Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9	Pg. 252 of
	RICHARD WILEY WAS A DIRECTOR OF TERI. DURING THE FISCAL YEAR ENDED JUNE PAID FOLEY HOAG, LLP \$8,496 FOR LEGAL SERVICES AND EXPENSES. MR. WILEY IS AT FOLEY HOAG, LLP.	

Case 19-90065-LT	Filed 01/23/20	Entered 01/23/20 07:32:51 Doc 29-9	Pg. 253 of
2d	FORM	1 990 PART V	

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290

Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.

TY 2006 Supplemental Support Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2006	0	87,564	301,084,255	17,162,196					318,334,015
2004	0	168,025	242,416,003	7,815,715					250,399,743
2003	0	157,327	160,691,991	3,203,768					164,053,086
2002	0	120,032	86,374,504	2,511,607					89,006,143

290 Form 8453-EO Exempt (janization Declaration and Signature for OMB No. 1545-1879 Electronic Filing For calendar year 2006, or tax year beginning = 0.7/01 , 2006, and ending = 0.6/30, 20 0.7For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 Department of the Treasury ► See instructions on back. Internal Revenue Service Name of exampt organization Employer identification number EDUCATION RESOURCES INSTITUTE INC. THE 04-2875329 Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any, if you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-) But, if you entered -0on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)..... Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 990-PF check here > Form 8868 check here > Part II Declaration of Officer I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date it also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charilies as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are correct, and complete. I further dectare that the amount in Part I above is the amount shown on the copy of the organization's electroque return I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund olfset, (c) the reason for any delay in processing the return or refund, and(d) the date of any refund Sign Here Signalulis of officer Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings If I am also the Paul Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Check & Check ERO's SSN or PTIN **EROs** also paid of self-ERO's signature P00641464 preparer employed Use EIN 13-4008324 Only yours if self-employed),

address and ZIP code

Under penalties of perjury 1 declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and behalf, they are true correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge

Paid Preparer's Use Only

Preparer's signature Firm's name (or yours if sall employed), address, and ZIP code

PRICEWATERHOUSECOOPERS 125 HIGH STREET

Check Preparer's SSN or PTIN it setf employed

02110

13-4008324

Prone to 617-530-5000

Phone no 617-530-5000

BOSTON For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2006)

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Form **990** 匆

Department of the Treasury Internal Revenue

A For the 2007 calendar year, or tax year beginning 07-01-2007

<u>Servi</u>ce

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

and ending 06-30-2008

OMB No 1545-0047 Open to Public Inspection

В	Check ıf a	pplicable	Please	C Name of organization	ICTITUTE INC. THE) Employer i	dentification number		
Γ	Address ch	nange	use IRS	EDUCATION RESOURCES IN	ISTITUTE INC. THE				04-28753	329		
Γ	Name cha	inge	label or print or	Number and street (or P O 31 SAINT JAMES AVENUE	box if mail is not delivered to	to street addı	ress) Room/	suite	Telephone	number		
Г	Inıtıal retu	ırn	type. See Specific	31 SAINT JAMES AVENUE					(617) 535	-6834		
	Fınal retur		Instruc- tions.	City or town, state or count Boston, MA 02116	ry, and ZIP + 4			F		ethod Cash 🔽 Accrual		
_	Amended		tions.	503ton, PIA 02110					Other (sp	ecify) 🕨		
_		_						_				
,	Application	n penaing	# Castian	E01(a)(2) avenuitations a	nd 4047(n)(4) mamayanını		H and	I are not	applicable to	section 527 organizations		
				501(c)(3) organizations and stack a completed Sc			H(a)	Is this a	group return fo	or affiliates? Yes Vo		
G	Web sit	e: 🕨 www	v terı org				' '		enter number filiates include	of affiliates Yes No		
]	Organiza	ation type	(check only	one) ► 🗸 🕏 501(c) (3) ◀	(Insert no.)) or □ 527	1 ' '			See instructions)		
							_ H(4)	Is this a	separate retur	n filed by an organization		
K	normally	not more	than 25,000	tion is not a 509(a)(3) support A return is not required, but if	ing organization and its gros the organization chooses to	s receipts are file a return,		covered l	by a group rul	ıng?		
_	be sure to	o file a con	nplete return						xemption N			
L	Gross re	eceipts	Add lines 6	5b, 8b, 9b, and 10b to lin	e 12 ► 373.018.536		М	Check	of the org	ganization is not required to 10, 990-EZ, or 990-PF)		
	art I			enses, and Change	<u> </u>	Fund Ba						
	1			s, grants, and similar am				(000.				
	а			onor advised funds .		1a						
	b			ort (not included on line		1b						
	_ c		• •	pport (not included on line	•	1c						
	d			ibutions (grants) (not inc	·	1d						
					•							
	e	Total (add lines 1a through 1d) (cash \$noncash \$)							1e	225 072 629		
	2	Program service revenue including government fees and contracts (from Part VII, line 93). Membership dues and assessments							3	335,972,628		
	3									48,548		
	4	Interest on savings and temporary cash investments							4	155,481		
	5	Gross rents							. 5	36,656,236		
	6a	Less rental expenses										
	b	Net rental income or (loss) subtract line 6b from line 6a							— ₆₋			
ılı	7 c	Net rental income or (loss) subtract line 6b from line 6a						6c 7				
en de				n sales of assets								
Reven	8a			ry	(A) Securities	+	(B) C	ther				
	.			sis and sales expenses		8a			_			
	b			·		8b			_			
	C		, ,,	ach schedule)		8c						
	d	_	, ,	Combine line 8c, column				 	. 8d -	_		
	9	Special	events and	d activities (attach sched	iule) Ir any amount is r	rom gamın	д , спеск п	ere 🕶				
	а			t including \$ rted on line 1b)	of	0-						
				•		9a 9b			_			
	b c			ises other than fundraisii s) from special events S								
	10a		•	entory, less returns and		19a 10a			, ,			
	b			entory, less returns and . Is sold		10a						
	c		-	rom sales of inventory (attach					10c			
	11		, ,	m Part VII, line 103)	ŕ				11	185,643		
	12			lines 1e, 2, 3, 4, 5, 6c,					12	373,018,536		
_	13			(from line 44, column (B)						596,533,710		
an ili	14			general (from line 44, col						9,851,001		
Expenses	15			line 44, column (D))						5,551,651		
Exp	16			ites (attach schedule)					16			
	17			d lines 16 and 44, colum					17	606,384,711		
.0	18			for the year Subtract lin					18	-233,366,175		
Nel Assels	19		, ,	balances at beginning o					19	343,836,613		
sé i	20			net assets or fund balanc					20	5,418,633		
₽	21		-	balances at end of year					21	115,889,071		
_	1		Tailu			··	<u> </u>					

Form 990 (2007)

Part II Statement of **Functional Expenses**

Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 258 of age 2 ent of All organizations must complete 200mn (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $\0 noncash $\0) If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule) $(\cosh \$^{162,100})$ noncash $\0) If this amount includes foreign grants, check here	22b	162 100	162 100		
23	Specific assistance to individuals (attach schedule)	23	162,100	162,100		
	Benefits paid to or for members (attach schedule)	24				
24 25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	2,877,572	811,636	2,065,936	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	2,311,511			
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	5,516,697	3,367,510	2,149,187	
27	Pension plan contributions not included on lines 25a, b and c	27	507,594	416,017	91,577	
28	Employee benefits not included on lines 25a - 27	28	570,520	376,519	194,001	
29	Payroll taxes	29	570,331	350,536	219,795	
30	Professional fundraising fees	30				
31	Accounting fees	31	261,420		261,420	
32	Legal fees	32	4,102,042	2,668,543	1,433,499	
33	Supplies	33	171,947	125,153	46,794	
34	Telephone	34	45,973	44,136	1,837	
35	Postage and shipping	35	100,418	33,525	66,893	
36	Occupancy	36	955,958	544,896	411,062	
37	Equipment rental and maintenance	37	115,159	32,100	83,059	
38	Printing and publications	38	207,387	202,690	4,697	
39	Travel	39	517,288	415,257	102,031	
40	Conferences, conventions, and meetings	40	81		81	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	164,074	116,378	47,696	
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
ь		43b				
c		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	606,384,711	596,533,710	9,851,001	0

► Tyes V No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? , **(ii)** the amount allocated to Program services $\$ rac{0}{2}$ If "Yes," enter (i) the aggregate amount of these joint costs $\0 (iii) the amount allocated to Management and general \$0 , and (iv) the amount allocated to Fundraising \$0

Form 990 (2007) Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 259 of age 3

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

		I
publications issued, etc. Discuss achievements that are not	EDUCATIONAL OPPORTUNITIES THROUGH THE ADMINISTRATION AND GUARANTEE OF LOAN PROGRAMS AND SPONSORSHIP OF COLLEGE ACCESS PROGRAMS TARGETING UNDER-SERVED INDIVIDUALS vements in a clear and concise manner State the number of clients served, measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
charitable trusts must also enter the amount of grants and	allocations to others)	
a SEE STATEMENT 10		
(Grants and allocations \$ 162,100)	If this amount includes foreign grants, check here 🕨 🦵	596,533,710
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► ┌	
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► □	
· · ·) It this amount includes loreign grants, check here F	
(Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🦵	
• Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► ┌	
f Total of Program Service Expenses (should e	qual line 44, column (B), Program services)	596,533,710

Form 990 (2007) Case 19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 260 of age 4

Part IV Balance Sheets (See the instructions.)

Part IV Balance Sheets (See the instructions.)

lot	e:	Where required, attached schedules and amou column should be for end-of-year amounts on	(A) Beginning of year		(B) End of year		
	45	Cash—non-interest-bearing			49,333,442	45	68,484,385
	46	Savings and temporary cash investments		1	141,694,904	46	431,192,722
	40	Savings and temporary cash investments			141,004,004		401,102,722
	47a	Accounts receivable	47a	56,673,533			
	ь	Less allowance for doubtful accounts	47b		36,322,273	47c	56,673,533
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officer key employees (attach schedule)				50a	
	ь	Receivables from other disqualified persons 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach					
		schedule)	51a	154,254,764			
2	ь	Less allowance for doubtful accounts	51b		105,909,773	51c	154,254,764
Ž	52	Inventories for sale or use				52	
٠.	53	Prepaid expenses and deferred charges .		[163,054	53	80,913
	54a	Investments—publicly-traded securities	. •	┌ Cost ┌ FMV	419,401,240	54a	271,014,452
	ь	Investments—other securities (attach sche	edule)	► Cost FMV		54b	
	55a	Investments—land, buildings, and equipment basis	55a	1			
	ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	1,591,452		30	
		Less accumulated depreciation (attach	374	1,001,102			
		schedule)	57b	588,357	233,114	57c	1,003,095
	58	Other assets, including program-related in	vestme	nts			
		(describe ►		,	181,155,043	58	68,325,512
				/	,,		
	59	Total assets (must equal line 74) Add lines	s 45 th	rough 58	934,212,843	59	1,051,029,376
	60	Accounts payable and accrued expenses			13,928,622	60	31,030,439
	61	Grants payable				61	
	62	Deferred revenue			51,168,213	62	64,905,873
a.	63	Loans from officers, directors, trustees, and	d key e	mployees (attach			
ı		schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedu	le) .			64a	
	ь	Mortgages and other notes payable (attach	sched	ule)		64b	
	65	Other liablilities (describe 🟲)	525,279,395	65	839,203,993
	66	Total liabilities Add lines 60 through 65 .			590,376,230	66	935,140,305
	Orga	nizations that follow SFAS 117, check here	► ▽ a	nd complete lines			
		67 through 69 and lines 73 and 74					
5	67	Unrestricted			328,543,385	67	100,595,843
	68	Temporarily restricted			13,293,228	68	13,293,228
	69	Permanently restricted		<u></u>	2,000,000	69	2,000,000
	Orga	ganizations that do not follow SFAS 117, check here ► and complete lines 70 through 74					
-	70	Capital stock, trust principal, or current fun	nds .			70	
_ 	71	Paid-in or capital surplus, or land, building,				71	
Ž	72	Retained earnings, endowment, accumulate	d incor	ne, or other funds .		72	
₹	73	Total net assets or fund balances Add line	s 67 tl	nrough 69 or lines 70			
2		through 72 (Column (A) must equal line 19	and co	lumn (B) must equal			4
		line 21)			343,836,613		115,889,071
	174	Total liabilities and not assets / fund balances		- ((4 7)	937 212 873	74	1 051 029 376

		Case 19-90065-LT Reconciliation of Revenue the instructions.)						
		renue, gains, and other support	per audited financial sta	tements			a	378,437,169
b		s included on line a but not on F						, ,
1		alized gains on investments	•	b1		5,431,919		
2		services and use of facilities		b2				
3	Recover	ies of prior year grants		b 3			1	
4	Other (s	pecify)					1	
		F		b4		-13,286		
	Add line	s b1 through b4					ь	5,418,633
c	Subtract	: line b from line a					С	373,018,536
d	A mounts	s included on Part I, line 12, bu	it not on line a					_
1		ent expenses not included on F	Part I, line					
				d1			-	
2	Other (s	pecify)		d2				
	A dd line	s d1 and d2		_ <u>uz</u>			_a	E 410 622
_		v enue (Part I, line 12) Add line				• •		5,418,633
е		venue (Part I, line 12) Add line					e	373,018,536
Part		Reconciliation of Expens		ncial St	atements	With Expe	nses pe	r Return
а		penses and losses per audited					а	606,384,711
b	A mounts	s included on line a but not on F	Part I, line 17					
1	Donated	services and use of facilities		b1				
2	Prior yea	ar adjustments reported on Par	t I, line				1	
	20 .			b2				
3		eported on Part I, line		b3				
4				B3			1	
4	Other (s	pecify)		b4				
	A dd line	s b1 through b4		-			Ь	
c		: line b from line a					c	606,384,711
d		s included on Part I, line 17, bu						
1		ent expenses not included on F			1			
•		· · · ·	art I, iiile	d1				
2	Other (s	pecify)					1	
				_ d2				
	Add line	s d1 and d2					d	
e		penses (Part I, line 17) Add lir						606,384,711
Dowl	d	· · · · · · · · · · · · · · · · · · ·	 -				e	
Раги	dı	urrent Officers, Director rector, trustee, or key emp structions.)	oloyee at any time dur	ing the y	ear even if	they were r	not comp	ensated.) (See the
	(A) Na	me and address	(B) Title and average hours per week devoted to position		npensation d, enter -0)	(D) Contribi employee bendeferred com plans	efit plans & pensation	(E) Expense account and other allowances
See A	ddıtıonal D	ata Table						

	Case 19-90065-LT				Pg		Offage (
	V-A Current Officers, Directors			· · · · · · · · · · · · · · · · · · ·	_	Yes	No
a	Enter the total number of officers, director	s, and trustees permitted	l to vote on organization	n business at board			
	meetings						
b ,	A re any officers, directors, trustees, or ke	y employees listed in For	m 990, Part V-A, or hig	ghest compensated			
	employees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A , Part II - ,	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	t that identifies the indivi	duals and explains the	relationship(s) 🕏 .	75b	Yes	
	Do any officers, directors, trustees, or key						
	employees listed in Schedule A , Part I , or						
	contractors listed in Schedule A , Part II-			•			
	tax exempt or taxable, that are related to				75c		No
	organization"						
	If "Yes," attach a statement that includes	the information described	d in the instructions				
d	Does the organization have a written confl	ict of interest policy? .			75d	Yes	
art	V-B Former Officers, Director Benefits (If any former office) (described below) during the benefits in the appropriate of the second second second second second second second second second second second second second sec	cer, director, trustee, o year, list that person	or key employee red below and enter the	ceived compensation	or oth	ner be	nefits
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans		ense aco er allowa	count and ances
	VI Other Information (See the					Yes	No
	Did the organization make a change in its activities	or methods of conducting activ	rities? If "Yes," attach a				
•	detailed statement of each change				76		Νo
	Were any changes made in the organizing If "Yes," attach a conformed copy of the c		but not reported to the	IRS?	77		No
	Did the organization have unrelated business gross		ng the year covered by this	return?	78a		No
	If "Yes," has it filed a tax return on Form 9		- '		78b		
,	Was there a liquidation, dissolution, termination, or			- -		.,	
	a statement				79	Yes	-
	Is the organization related (other than by association governing bodies, trustees, officers, etc , to any otle			nmon membership,	80a	Yes	
ь	If "Yes," enter the name of the organization	n F TERI FINANCIAL S	ERVICES INC				
		and check whe	ether it is F exempt	or Γ nonexempt			
1	Enter direct or indirect political expenditu	res (See line 81 instructi	ıons) 81a]		
h I	Did the organization file Form 1120-POL fo	orthis year?	 _		81b		l No

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	t VI Other Information (continued) 290		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue	62a	162	
U	In Part I or as an expense in Part II (See instructions in Part III)			
832	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	. 85a		
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
_				
	Dues assessments, and similar amounts from members	\dashv \mid		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	-		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	s		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a	85h		
87 87	· · · · · · · · · · · · · · · · · · ·			
	Gross income from other sources (Do not net amounts due or paid to other	0		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX			
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	501(c)(3) organizations Enter A mount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ►	<u>o</u>		
b	501(c)(3) and $501(c)(4)$ orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<u>)</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	<u>,</u>		
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	90-		N.a.
£	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89e		No
•	An organizations. Did the organization acquire unect of munect interest in any applicable insurance contract?	89f		N o
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		89g		
90a	List the states with which a copy of this return is filed 🕨 MA			
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)			86
91a	The books are in care of ▶_ EILEEN MORRIS Telephone no ▶_ (617) 535-6	834	
	31 ST JAMES AVENUE			
	Located at ► BOSTON, MA ZIP + 4 ► 02116			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	_ [Yes	No
	account)?	91b		No
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

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rt \	Other Information (cons	tinued)		290			Yes	No
A	t any time during the calendar year	, dıd the organızatı	ion maintain	an office outside	of the United S	States? 91	с	No
Τf	"Yes," enter the name of the foreign	n country 🕨						
	ection 4947(a)(1) nonexempt charitab		n 990 in lieu	of Form 1041—C	heck here		.	. Γ
	nd enter the amount of tax-exempt	_						'
	Analysis of Income-Pro					-		
	inter gross amounts unless otherwise			business income		tion 512, 513, or 514	(E)	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A)	(B)	(C)	(D)	Related exempt fu	
			Business code	Amount	Exclusion code	Amount	incom	
F	Program service revenue							
a 9	SEE STATEMENT 3						335	,972,62
ь -								
c [–]		_						
d -		_						
- e								
_	1edicare/Medicaid payments .							
	ees and contracts from governmen							
_	Tembership dues and assessments	_						48,548
	nterest on savings and temporary cash inve				14	155,481		
	Dividends and interest from securiti				14	36,656,236		
	let rental income or (loss) from rea				+ +	, ,		
	lebt-financed property							
	non debt-financed property							
	let rental income or (loss) from personal p							
	Other investment income							
	Gain or (loss) from sales of assets other that							
	Net income or (loss) from special ev	·						
	Gross profit or (loss) from sales of i							
	Other revenue a INCOME FROM	·			15	185,643		
_	THE TEVELLE A TROOPETROM	ROTALITES			13	103,043		
b _								
°. –					-			
d _								
e -		<u></u>				26 007 260	226	021 17
	Subtotal (add columns (B), (D), and					36,997,360		,021,170
	otal (add line 104, columns (B), (D)					· · · •	373,0:	18,530
	ne 105 plus line 1e, Part I, should eq		<u> </u>			- (0 - 15 - 1 - 1		
	Relationship of Activ Explain how each activity for which							
140	of the organization's exempt purp					portaintly to the acc	ompnsmm	CIIC
3 -	THE EDUCATION RESOURCES,	INC (TERI) WAS	INCORPOR	RATED IN				
4	JUNE 1985 FOR THE PURPOSE	S OF AIDING STU	JDENTS IN A	ATTAINING				
rt :	-		sidiaries a	ind Disregar	<u>ded Entities</u>	S (See the instru		
Nar	(A) ne, address, and EIN of corporation,	(B) Percentage of		(C) Nature of activitie		(D) Total income	(E) End-of-	
	partnership, or disregarded entity	ownership interest	,	Nature of activitie	.5	Total income	asse	ts
		9/						
		9/	1					
		9/	o l					
art		Transfers As	sociated v	with Persona	l Benefit Co	ntracts <i>(See th</i>	e	
	instructions.)							
Di	d the organization, during the year, receive	any funds, directly or	ındırectly, to p	ay premiums on a p	ersonal benefit co	ntract?	☐ Yes	
D	id the organization, during the year,	, pay premiums, di	rectly or ındı	rectly, on a pers	onal benefit co	ntract?	☐ Yes │	ا No
	If "Yes" to (b), file Form 8870 and					·		

	Did the reporting organization make any t the Code ⁷ if "Yes," complete the schedul	•	efined in section 512(b)(13	Yes	No No	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tran	nsfer	
	·					
	Totals					
				Yes	No	
	Did the reporting organization receive any the Code? if "Yes," complete the schedule		as defined in section 512(l		+	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tran	nsfer	
31	RI FINANCIAL SERVICES INC SAINT JAMES STREET ISTON, MA 02116	043247228	ADMINISTRATIVE FEE	ES	13,838	
	Totals				13,83	
	Did the organization have a binding writte		2006 covering the interest	Yess, rents,	No	
lease ign		e examined this return, including accompa	inying schedules and statements,	s, rents,	No No nowledge	
lease ign ere	Did the organization have a binding writte royalties and annuities described in quest under penalties of perjury, I declare that I have and belief, it is true, correct, and complete Described in Signature of officer William Davidson SVP, TREASURER & CFO Type or print name and title Preparer's signature PRICEWATERHOUSECOOPE	e examined this return, including accompactaration of preparer (other than officer) is	inying schedules and statements, s based on all information of whic 2008-02-12 Date	s, rents,	No No nowledge rledge	
	Did the organization have a binding writte royalties and annuities described in quest under penalties of perjury, I declare that I have and belief, it is true, correct, and complete Described in Signature of officer William Davidson SVP, TREASURER & CFO Type or print name and title Preparer's signature PRICEWATERHOUSECOOPE	e examined this return, including accompactaration of preparer (other than officer) is Date	onying schedules and statements, is based on all information of which 2008-02-12 Date Check if self-	and to the best of my k h preparer has any know	N o nowledge rledge	

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SCHEDULE A (Form 990 or 990EZ) 牣

Department of the Treasury Internal Revenue

Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization EDUCATION RESOURCES INSTITUTE INC THE **Employer identification number**

04-2875329

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None,")

(See page 1 of the instruction	is. List each one. If there ar	e none, enter non	ie.)					
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances				
DANA WIKLUND	CHIEF RISK OFFICER							
31 SAINT JAMES AVENUE BOSTON,MA 02116	37 5	261,261	12,409	0				
EILEEN MORRIS	CONTROLLER							
31 SAINT JAMES AVENUE BOSTON,MA 02116	37 5	217,976	21,624	0				
MICHAEL GAMBEE	DIR OF LOAN PROGRAMS							
31 SAINT JAMES AVENUE BOSTON,MA 02116	37 5	205,122	12,212	0				
SHERYL ASNES	FIN ANALYSIS MANAGER							
31 SAINT JAMES AVENUE BOSTON,MA 02116	37 5	134,507	14,712	0				
CIEL SENECHAL	DIR OF NAT SALES							
31 SAINT JAMES AVENUE BOSTON,MA 02116	37 5	132,572	16,779	0				
Total number of other employees paid over \$50,000	33							
Part HEA. Companyation of the Five Highest Paid Independent Contractors for Professional Services								

Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
First Marblehead Educ Resources Inc		
31 St James Ave BOSTON, MA 02116	O perational Services	142,236,893
Zwicker AND Associates PC		
3 Riverside Drive NORTH ANDOVER, MA 01810	Collection Agency	3,378,115
Van Ru Credit Corporation		
1350 E Touhy Avenue Suite 300E DES PLAINES,IL 60018	Collection Agency	2,085,178
Grant Thornton LLP		
666 Third Avenue NEW YORK, NY 10017	Financial Advisor	1,630,000
Goodwin Procter LLP		
Exchange Place BOSTON, MA 02109	1	1,537,222
Total number of others receiving over \$50,000 for professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over		

\$50,000 for other services

Sche	^{dule A (Form 990} ලგალ 15% ემტებშნ-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 F	Pa. 26	67 of	age 2
	Statements About Activities (See page 2 of the instructions.)		Yes	
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt	Т		
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in	ı		
	connection with the lobbying activities 🛰 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1		Νo
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📆			
а	Sale, exchange, or leasing property?	2a	Yes	
b	Lending of money or other extension of credit?	2b		Νo
c	Furnishing of goods, services, or facilities?	2c		Νo
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments) $lacktriangledown$	3a	Yes	
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
Ь	Did the organization make any taxable distributions under section 4966?	4b		Νo
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Sche	uuie A		<u>Filed 01/23/20 Er</u>				<u> 268 of age 3</u>			
Pá	art I	V Reason for Non-Private F	oundation Status	(See pages 4 th	rough 7 of the	instructions.)				
I cert	ify th	at the organization is not a private foun	dation because it is (Pl	ease check only O	NE applicable bo	ox)				
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)					
6	Γ	A school Section 170(b)(1)(A)(II) (Also complete Part V)								
7	Γ	A hospital or a cooperative hospital s	ervice organization Sec	tion 170(b)(1)(A)((111)					
8	Γ	A federal, state, or local government of	or governmental unit Se	ction 170(b)(1)(A)(v)					
9	Γ	A medical research organization operand state	ated in conjunction with	a hospital Section	170(b)(1)(A)(II	ı) Enter the ho	spital's name, city,			
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp	=		ated by a govern	mental unit				
11a	Γ	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	•		overnmental unit	or from the ger	neral public			
11b	Γ	A community trust Section 170(b)(1)(A)(vı) (Also complete	the Support Sched	lule ın Part IV-A)				
12	V	An organization that normally receive receipts from activities related to its its support from gross investment incacquired by the organization after Jun	charitable, etc , function ome and unrelated busir	s—subject to certa ness taxable incom	ain exceptions, a ne (less section !	nnd (2) no more 511 tax) from b	than 331/3% of usinesses			
13	Γ	An organization that is not controlled requirements of section 509(a)(3) Cl		•	-	•	se meets the			
		Type I Type II Type	e III - Functionally Inte	grated Γ T	ype III - Other					
		Provide the following informa	tion about the supporte	d organizations. (s	ee page 7 of the	instructions.)				
(a) Name(s) of supported organization(s)			(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do	ported sted in the anization's	(e) Amount of support?			
				IRC section)	Yes	No				
Total						•				

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Schedule A (Form 990 ტე გა გა 167 წე გე გე 167 წე გე 167 წე გა 16 Part IV-A Support Schedule (Complete only if you checked a box online 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2005 (c) 2004 (d) 2003 (e) Total Gifts, grants, and contributions received (Do not include unusual grants | See line | 28) 168,025 105,937 87,564 Membership fees received 157,327 518,853 16 Gross receipts from admissions, merchandise sold or services performed, or furnishing of 468,505,243 301,084,255 242,416,003 160,691,991 1,172,697,492 facilities in any activity that is related to the organization's charitable, etc , purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and 58,393,205 30,211,526 17,162,196 7,815,715 3.203.768 unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without Other income Attach a schedule Do not include 22 gain or (loss) from sale of capital assets 498,822,706 318,334,015 250,399,743 164,053,086 1,231,609,550 Total of lines 15 through 22 30,317,463 17,249,760 7,983,740 3,361,095 58,912,058 Line 23 minus line 17 24 25 Enter 1% of line 23 4.988.227 3.183.340 2,503,997 1,640,531 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a **b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total 26b of all these excess amounts c Total support for section 509(a)(1) test Enter line 24, column (e) 26c d Add Amounts from column (e) for lines 26d e Public support (line 26c minus line 26d total) 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year 0(2005) 0(2004) **b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) 0(2005) 0(2004) 0(2003) c Add Amounts from column (e) for lines 15 0 16 518,853 17 1,172,697,492 20 0 21 0 27c 1,173,216,345 27d A Add Line 27a total e Public support (line 27c total minus line 27d total) 27e 1,173,216,345

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 🕨 27f 1,231,609,550 a Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 95 26 % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 4 74 % 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15 Schedule A (Form 990 or 990-EZ) 2007

Sche	edule A (Form 990 ტგაგი 152 ეგებებენ LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Int V Private School Questionnaire (See page 7 of the instructions.)	Pg. 2 7	70 of	age 5
FG	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
21	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
	11 Tes, please describe, in 110, please explain (11 you need more space, actuell a separate statement)			
		┤		
		┦ '		
		┦ '		
32	Does the organization maintain the following	7 '		
a	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	j	ĺ
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
		_		
33	Does the organization discriminate by race in any way with respect to			
	Child antal makks an immula and 2	22-		
ā	a Students' rights or privileges?	33a		<u> </u>
	b Admissions policies?	33b		
	a Admissions policies?	330		<u> </u>
	Employment of faculty or administrative staff?	33c		
•	2 Employment of faculty of administrative stairs	330		<u> </u>
	d Scholarships or other financial assistance?	33d		
•				<u> </u>
	e Educational policies?	33e		
4	Use of facilities?	33f		
-				
	a Athletic programs?	33g		
•				
ı	h Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		_		1
34a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ı	b Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			1
				1
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation	35	I	1

he	(To be completed ONL ck ▶ a	ıs to an affılıated gr	oup Check 🕨	i i you c			iiiiiiceu (control	" provisions ap
	Limits on Lo	bbying Expend	ditures			(a A ffiliate	-		(b) To be complete
	(The term "expenditures	s" means amounts	paid or incurred)		tot			for all electing organizations
;	Total lobbying expenditures to influe	nce public opinion	(grassroots lobb	yıng)	36				
	Total lobbying expenditures to influe	nce a legislative b	ody (dırect lobby	ring)	37				
	Total lobbying expenditures (add line	es 36 and 37)			38				
	Other exempt purpose expenditures				39				
	Total exempt purpose expenditures	(add lines 38 and 3	9)		40				
	Lobbying nontaxable amount Enter 1	the amount from the	following table-	<u> </u>					
	If the amount on line 40 is—	The lobbying non	_						
	Not over \$500,000	20% of the amount of	on line 40						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% c	f the excess over \$	500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% c	f the excess over \$	1,000,000	41				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,	,500,000				\neg	
	Over \$17,000,000	\$1,000,000							
	Grassroots nontaxable amount (ente	r 25% of line 41)			42				
	Subtract line 42 from line 36 Enter	-0- ıf lıne 42 ıs mo	re than line 36		43				
	Subtract line 41 from line 38 Enter	-0- ıf lıne 41 ıs mo	re than line 38		44				
	Caution: If there is an amount on either	er line 43 or line 44,	you must file Foi	rm 4720					
		4-Year Averagi		nder Section			a colum	ne ha	low
	(Some organizations that		1 (h) election do es 45 through 50	nder Section not have to con O on page 11 of	nplete a	ll of the fiv			
	(Some organizations that See the	made a section 50	1 (h) election do es 45 through 50 Lo	nder Section not have to con 0 on page 11 of bbying Expendit	nplete a	II of the five tructions) Iring 4-Yea	ır Avera	nging F	Period
	(Some organizations that	made a section 50	1 (h) election do es 45 through 50	nder Section not have to con O on page 11 of	nplete a the ins	ll of the fiv	ır Avera		
	(Some organizations that See the See the Calendar year (or fiscal year beginning in)	made a section 50	1 (h) election do es 45 through 5 (Lo (a)	nder Section not have to con 0 on page 11 of bbying Expendit	nplete a the ins	II of the fiv tructions) uring 4-Yea (c)	ır Avera	iging F	Period (e)
	(Some organizations that See the Calendar year (or fiscal year beginning in) Lobbying nontaxable amount	made a section 50 instructions for line	1 (h) election do es 45 through 5 (Lo (a)	nder Section not have to con 0 on page 11 of bbying Expendit	nplete a the ins	II of the fiv tructions) uring 4-Yea (c)	ır Avera	iging F	Period (e)
	(Some organizations that See the Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of l	made a section 50 instructions for line	1 (h) election do es 45 through 5 (Lo (a)	nder Section not have to con 0 on page 11 of bbying Expendit	nplete a the ins	II of the fiv tructions) uring 4-Yea (c)	ır Avera	iging F	Period (e)
	(Some organizations that See the See the Calendar year (or fiscal year beginning in) >	made a section 50 instructions for line	1 (h) election do es 45 through 5 (Lo (a)	nder Section not have to con 0 on page 11 of bbying Expendit	nplete a the ins	II of the fiv tructions) uring 4-Yea (c)	ır Avera	iging F	Period (e)
	(Some organizations that See the Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of l	made a section 50 instructions for line	1 (h) election do es 45 through 5 (Lo (a)	nder Section not have to con 0 on page 11 of bbying Expendit	nplete a the ins	II of the fiv tructions) uring 4-Yea (c)	ır Avera	iging F	Period (e)
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of l	made a section 50 instructions for line	1 (h) election do es 45 through 5 (Lo (a)	nder Section not have to con 0 on page 11 of bbying Expendit	nplete a the ins	II of the fiv tructions) uring 4-Yea (c)	ır Avera	iging F	Period (e)
	(Some organizations that See the See t	made a section 50 instructions for line	1 (h) election do es 45 through 5 (Lo (a)	nder Section not have to con 0 on page 11 of bbying Expendit	nplete a the ins	II of the fiv tructions) uring 4-Yea (c)	ır Avera	iging F	Period (e)
	(Some organizations that See the See t	made a section 50 instructions for line ine 45(e))	1 (h) election do es 45 through 50 Lo (a) 2007	nder Section not have to con 0 on page 11 of bbying Expendit (b) 2006	nplete a the ins	II of the fiv tructions) uring 4-Yea (c)	ır Avera	ging F	Period (e)
	(Some organizations that See the See t	made a section 50 instructions for line ine 45(e)) of line 48(e))	1 (h) election do es 45 through 50 (a) 2007	nder Section not have to con on page 11 of bbying Expendit (b) 2006	tures Du	II of the fiver tructions) Iring 4-Yea (c) 2005	(2)	eging F	Period (e) Total
ı	(Some organizations that See the See the See the See the See the See the See the See the See the See the Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of I Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of I See See See See See See See See See S	made a section 50 instructions for line ine 45(e)) of line 48(e)) y Nonelecting I organizations the mpt to influence na	(a) 2007 Public Charit at did not comtional, state or lo	ies plete Part VI- ocal legislation,	A) (Se	II of the fiver tructions (c) 2005	(2)	eging F	Period (e) Total
	(Some organizations that See the See t	made a section 50 instructions for line ine 45(e)) of line 48(e)) y Nonelecting I organizations the mpt to influence na	(a) 2007 Public Charit at did not comtional, state or lo	ies plete Part VI- ocal legislation,	A) (Se	II of the fiver tructions (c) 2005	1 of th	e inst	Period (e) Total
ı	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of l Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of l Total lobbying expenditures Total lobbying expenditures Grassroots lobbying amount (150% of l Grassroots lobbying amount (150% of l Grassroots lobbying amount (150% of l Grassroots lobbying amount (150% of l Grassroots lobbying expenditures Tt VI-B Lobbying Activity by (For reporting only by l ng the year, did the organization attempt to influence public opinion on a lead of lobbying of lobbying or lobbying only lobbying the year, did the organization attempt to influence public opinion on a lead of lobbying or lobbyin	made a section 50 instructions for line ine 45(e)) y Nonelecting I organizations th mpt to influence na	Lo (a) 2007 Public Charitat did not combined to the combined	ies plete Part VI- ocal legislation, ough the use of	A) (Se	II of the fiver tructions (c) 2005	1 of th	e inst	Period (e) Total
	(Some organizations that See the See t	made a section 50 instructions for line ine 45(e)) y Nonelecting I organizations th mpt to influence na	Lo (a) 2007 Public Charitat did not combined to the combined	ies plete Part VI- ocal legislation, ough the use of	A) (Se	II of the fiver tructions (c) 2005	1 of th	e inst	Period (e) Total
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of l Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of l Total lobbying expenditures Crassroots lobbying expenditures TVI-B Lobbying Activity by (For reporting only by ng the year, did the organization attempt to influence public opinion on a leit Volunteers Paid staff or management (Include of the search of th	made a section 50 instructions for line ine 45(e)) y Nonelecting I organizations th mpt to influence na egislative matter or	Lo (a) 2007 Public Charitat did not combined to the combined	ies plete Part VI- ocal legislation, ough the use of	A) (Se	II of the fiver tructions (c) 2005	1 of th	e inst	Period (e) Total
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of lambda) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of lambda) Grassroots lobbying expenditures rt VI-B Lobbying Activity by (For reporting only by ng the year, did the organization attempt to influence public opinion on a leit Volunteers Paid staff or management (Include Media advertisements	made a section 50 instructions for line ine 45(e)) y Nonelecting I organizations th mpt to influence na egislative matter or compensation in ex	Lo (a) 2007 Public Charitat did not combined to the combined	ies plete Part VI- ocal legislation, ough the use of	A) (Se	II of the fiver tructions (c) 2005	1 of th	e inst	Period (e) Total
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of l Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of l Total lobbying expenditures Frequency of the company of the year, did the organization attempt to influence public opinion on a leith of the company of the year of the company of the year of the company of the year of the company of the year of the company of the year of the company of the year of the company of the year of the company of the year of the company of the year of the company of the year of the company of the year of year of the year of the year of y	made a section 50 instructions for line ine 45(e)) y Nonelecting I organizations th mpt to influence na egislative matter or compensation in ex	Lo (a) 2007 Public Charitat did not combined to the combined	ies plete Part VI- ocal legislation, ough the use of	A) (Se	II of the fiver tructions (c) 2005	1 of th	e inst	Period (e) Total
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of lambda) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of lambda) Grassroots lobbying expenditures **TVI-B** Lobbying Activity by (For reporting only by ng the year, did the organization attempt to influence public opinion on a leithy of lambda) Volunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, or Publications, or published or broadd Grants to other organizations for lol Direct contact with legislators, their	made a section 50 instructions for line ine 45(e)) y Nonelecting I organizations th mpt to influence na egislative matter or compensation in ex r the public cast statements beying purposes r staffs, governmen	Public Charitat did not combined the combined co	ies plete Part VI- coal legislation, ough the use of	A) (Se	II of the fiver tructions (c) 2005	1 of th	e inst	Period (e) Total
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of late) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of late) Grassroots lobbying expenditures **T VI-B** Lobbying Activity by (For reporting only by ng the year, did the organization atteined to influence public opinion on a let volunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, of Publications, or published or broadd Grants to other organizations for lole.	made a section 50 instructions for line ine 45(e)) y Nonelecting I organizations th mpt to influence na egislative matter or compensation in ex r the public tast statements bying purposes r staffs, government conventions, speed	Public Charitat did not combined the combined co	ies plete Part VI- coal legislation, ough the use of	A) (Se	II of the fiver tructions (c) 2005	1 of th	e inst	Period (e) Total

Schedule A Part VI	Information	Regarding Trans	d 01/23/20 Entered 01/2: sfers To and Transactions age 12 of the instructions.)	3/20 07:32:51	<u>9 Pg. 27</u> 1 Nonchari	<mark>2 o</mark> ¶age 7 table
	ie reporting organizati	ion directly or indirect	ly engage in any of the following v) organizations) or in section 527			tion
a Trans	fers from the reportin	g organization to a no	ncharitable exempt organization o	of	Ye	s No
(i)	Cash				51a(i)	No
(ii)	O ther assets				a(ii)	Νο
b Other	transactions					
(i)	Sales or exchanges	of assets with a nonch	narıtable exempt organızatıon		b(i)	Νο
(ii)	Purchases of assets	from a noncharitable	exempt organization		b(ii)	Νο
(iii)	Rental of facilities, e	quipment, or other as	sets		b(iii)	Νο
(iv)	Reimbursement arra	ngements			b(iv)	Νο
(v)	Loans or loan guaran	ntees			b(v)	Νο
(vi)	Performance of servi	ices or membership o	fundraising solicitations		b(vi)	Νο
c Sharır	ng of facilities, equipm	nent, mailing lists, oth	er assets, or paid employees		С	Νο
d If the	answer to any of the a	above is "Yes," comp	ete the following schedule Colum	nn (b) should always show the	faır market va	lue of the
goods	, other assets, or ser	vices given by the rep	orting organization If the organiz	zatıon received less than fair r	narket value ı	n any
transa	action or sharing arrai	ngement, show in colu	mn (d) the value of the goods, oth	her assets, or services receive	e d	
(a) Line no	(b) A mount involved	Name of noncha	(c) aritable exempt organization	(d) Description of transfers, tra arrangen		nd sharing
E3= In the	organization directly	or indirectly officetor	Livith or related to one or more t	av avamnt arganizations		
descr	-) of the Code (other th	l with, or related to, one or more t nan section 501(c)(3)) or in secti	·	►	s ▽ N o
	(a)		(b)	(c)	· · · · · ·	
	Name of organiz	ation	Type of organization	Description of re	lationship	
		<u> </u>				

Software ID: Software Version:

EIN: 04-2875329

Name: EDUCATION RESOURCES INSTITUTE INC THE

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a PROV FOR LOAN LOSS RESERVE	43a	433,323,599	433,323,599		
b OUTSIDE CONSULTANTS	43b	3,148,462	955,307	2,193,155	
c PROFESSIONAL FEES - FMER	43c	142,236,893	142,236,893		
d PROFESSIONAL FEES - OTHER	43d	446,661	147,975	298,686	
e ADVERTISING	43e	95,831	95,831		
f COLLECTION COSTS	43f	9,182,687	9,182,687		
g PLACEMENT FEES	43g	9,741	2,435	7,306	
h BANK CHARGES	43h	586,743	586,743		
i MISCELLANEOUS	43i	507,533	335,244	172,289	

Form 990, Part V-ASS Cyrgent Officers, Diegotors Trusteese and Key Furphyees 1 Doc 29-9 Pg. 274 of

(A) Name and address	(B) Title and average hours per week devoted to position	290 (C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Howard Jacobson 31 Saint James Avenue BOSTON,MA 02116	Director 7 0	32,500	0	0
Barbara E Tornow 31 Saint James Avenue Boston, MA 02116	Director 7 0	26,500	0	0
Dr Sherry Penney 31 Saint James Avenue Boston, MA 02116	Director 7 0	43,500	0	0
Dr Sylvia Q Simmons 31 Saint James Avenue Boston, MA 02116	Director 7 0	29,000	0	0
Edward Piana 31 Saint James Avenue Boston, MA 02116	Director 7 0	27,500	0	0
Grace Fey 31 Saint James Avenue Boston, MA 02116	Director* 7 0	23,500	0	0
Neal Finnegan 31 Saint James Avenue Boston, MA 02116	Director 7 0	28,000	0	0
Willis J Hulings III 31 Saint James Avenue Boston, MA 02116	President / CEO 37 5	547,330	35,955	0
Cheryl Blanco 31 Saint James Avenue Boston, MA 02116	SVP coll Access Prog* 37 5	109,230	18,299	0
Jane Dixon 31 Saint James Avenue Boston, MA 02116	VP Admin 37 5	202,250	17,745	0

Form 990, F	Part V-Age	Eurogent Officers	, Diagotors / Transtees	eathd (1973) 200 (1979) 1985 1	Doc 29-9 Pa 275 (of
		15 エラーさいいしょーヒュー		CICU 01123120 01 32 31	- DUG 23-3 - FU. 213 (JI

(A) Name and address	(B) Title and average hours per week devoted to position	290 (C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Scott Prince 31 Saint James Avenue Boston, MA 02116	VP Marketing* 37 5	151,216	5,515	0
William Davidson 31 Saint James Avenue Boston, MA 02116	SVP/CFO 37 5	345,000	28,970	0
Adrian Haugabrook 31 Saint James Avenue Boston, MA 02116	VP Local College Acc* 37 5	174,181	14,207	0
Amy Bizar 31 Saint James Avenue Boston, MA 02116	SVP GENERAL Counsel 37 5	286,500	20,365	0
Lee Powell 31 Saint James Avenue Boston, MA 02116	VP Operations* 37 5	204,737	9,853	0
John Marcus 31 Saint James Avenue Boston, MA 02116	SVP Business Development 37 5	253,815	15,289	0
ANN S COLES 31 Saint James Avenue BOSTON, MA 02116	SVP COLL ACCESS PROG* 37 5	205,875	20,740	0

TY 2007 Cash Grants Paid Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Class of Activity	Recipient's name	Address	Amount	Relationship
	Matching Gifts- Employee DonationsT	31 SAINT JAMES AVENUE BOSTON, MA 02116	17,100	NONE
	Edvestors	140 Clarendon Street Suite 305 Boston, MA 02116	2,500	NONE/SECTION 501 (C)(3) ORGANIZATION
	University of Massachusetts	100 Morrissey Blvd Boston, MA 02125	2,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	National Assoc for College Admissio	1631 Prince Street Alexandria, VA 223142818	50,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	MASFAA	PO Box 66003 Auburndale, MA 02466	10,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	Crown Plaza Worcester - Sponsorship	10 Lincoln Square Worcester, MA 01608	6,500	NONE/SECTION 501 (C)(3) ORGANIZATION
	New England Board of Higher Educati	45 Temple Place Boston, MA 02111	5,000	NONE/SECTION 501 (C)(3) ORGANIZATION
	College Of Worcester Consortium	Awards Dinner Scholarship 484 Main Street Suite 500C Worcester, MA 01608	2,500	NONE/SECTION 501 (C)(3) ORGANIZATION

Class of Activity	ase 19-90065 Tame Fi	ed 01/23 <mark>/20 E</mark> ntered 01	/23/20 Amount Do	oc 29-Relationship of
	Access - Sponsorship Gala	31 Saint James Avenue Boston, MA 02116	5,000	NONE/SECTION 501(C) (3) ORGANIZATION
	The New England council	98 North Washington Street suite 201 Boston, MA 02114	3,000	NONE/SECTION 501(C) (3) ORGANIZATION
	Wheelock College	200 The Riverway Boston, MA 02215	3,000	NONE/SECTION 501(C) (3) ORGANIZATION
	Emerald Award Gala		2,500	NONE/SECTION 501(C) (3) ORGANIZATION
	MEOA	81 Plantation Street worcester, MA 01604	2,500	NONE/SECTION 501(C) (3) ORGANIZATION
	Education Writers Association	2122 P Street NW Suite 201 Washington, DC 20037	500	NONE/SECTION 501(C) (3) ORGANIZATION
	The Boston Foundation	75 Arlington Street Boston, MA 02116	50,000	NONE/SECTION 501(C) (3) ORGANIZATION

TY 2007 General Explanation Attachment

Name: EDUCATION RESOURCES INSTITUTE INC THE

Identifier	Return Reference	Explanation
YEAR END 6/30/2008	Form 990, Part VI, Line 82B	Library provides the Education Resources Institute, Inc. with free space for the operation of its center which provides information and advice to students and their families about financial aid and college admission for posthigh school education and career opportunities. The value of this space is not included as revenue or expense.

	Case	10-00065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 20-0 Pg 270 of
ldentifier	Return Reference	290 Explanation
Year End 6/30/2008	Form 990, Part II, Line 42 & Part IV, Line 57	======================================

	Case	19-90065-LT Filed 01/23/20 Entered 01/23/20 07:32:51 Doc 29-9 Pg. 280 of
ldentifier	Return Reference	290 Explanation
YEAR END 6/30/2008	FORM 990, PART VII - PROGRAM SERVICE REVENUE	======================================

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TY 2007 Other Assets Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Beginning of Year Amount	End of Year Amount	
RESIDUAL INT IN SEC PORTFOLIOS	179,095,710	66,279,465	
INVESTMENT IN SUBSIDIARY	2,059,333	2,046,047	

TY 2007 Other Changes in Net Assets Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Amount
UNREALIZED GAIN ON INVESTMENTS HELD	5,431,919
INVESTMENT IN SUBSIDIARY	13,286

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TY 2007 Other Liabilities Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Beginning of Year Amount	End of Year Amount	
LOAN LOSS RESERVE	485,536,621	811,567,000	
ACCRUED PENSION LIABILITY	376,900	769,317	
LIABILITY FOR OUTSTANDING			
CHECKS	39,365,874	26,867,676	

TY 2007 Other Notes/Loans Receivable Short Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Category/Name	Amount
NOTES RECEIVABLE - TFSI	210,120
NOTES RECEIVABLE-FMC	3,100,680
STUDENT LOANS RECEIVABLE	150,943,964

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TY 2007 Other Revenues Included Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Description	Amount		
INVESTMENT IN SUBSIDIARY	-13,286		

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TY 2007 Relationship Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Person Name / Business Name Title or Role		Person Name 2 / Business Name 2	Title or Role 2	Relationship
Dr Sherry Penney	Director	THE EDUCATION RESOURCES INST INC	DIRECTOR (UNTIL 4/07/2008)	DIRECTOR

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TY 2007 Scholarship Award Statement

Name: EDUCATION RESOURCES INSTITUTE INC THE

EIN: 04-2875329

Statement: CHARITABLE ORGANIZATIONS QUALIFY FOR RECEIVING GRANTS

AND SCHOLARSHIPS FROM THE EDUCATION RESOURCES

INSTITUTE, INC. FOR THE FURTHERANCE OF THEIR CHARITABLE PURPOSES. OTHER RECIPIENTS QUALIFY BASED ON FINANCIAL

NEED AND SCHOLARSHIP.

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TY 2007 Self Dealing Statement

Name: EDUCATION RESOURCES INSTITUTE INC THE

Line Number	Explanation				
2a	DURING FISCAL YEAR 2008, TERI'S BOARD OF DIRECTORS INCLUDED ONE MEMBER WHO WAS ON THE BOARD OF DIRECTORS OF FIRST MARBLEHEAD EDUCATION RESOURCES (FMER) UNTIL APRIL 7,2008. FMER IS A SUBSIDIARY OF THE FIRST MARBLEHEAD CORPORATION, INC. (FMC) AND PROVIDES ADMINISTRATIVE SERVICES TO SUPPORT TERI OPERATIONS. FOR FISCAL YEAR 2008, TERI PAID \$142,236,893 TO FMER FOR SERVICES RENDERED UNDER THE MASTER SERVICING AGREEMENT. UNDER THE TERMS OF THE MASTER LOAN GUARANTEE AGREEMENT(MLGA), TERI IS A 25% BENEFICIAL OWNER OF THE RESIDUAL VALUE OF TERI GUARANTEED LOANS HELD IN TRUSTS CREATED BY THE FMC. THERE WERE NO TRUSTS CREATED IN 2008. DURING FISCAL YEAR 2008, TERI SUBLEASED OFFICE SPACE FROM FMER. PAYMENTS MADE TO FMER TOTALED \$754,294.49, FOR THE YEAR ENDED JUNE 30, 2008.				
2d	FORM 990 PART V-A				

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Supplemental Support Schedule

Name: EDUCATION RESOURCES INSTITUTE INC THE

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2006	0	105,937	468,505,243	30,211,526					498,822,706
2005	0	87,564	301,084,255	17,162,196					318,334,015
2004	0	168,025	242,416,003	7,815,715					250,399,743
2003	0	157,327	160,691,991	3,203,768					164,053,086

Form 2453-EO

Exempt Organization Declaration and Signature for Electronic Filing

20**07**

OMB No 1545-1879

For calendar year 2007, or tax year beginning 07/01, 2007, and ending 09/30, 20 08For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 Department of the Treasury See instructions on back. Internal Revenue Service Employer identification number Hame of exempt organization EDUCATION RESOURCES INSTITUTE INC, THE 04-2875329 Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I 2a Form 998-EZ check here > b Total tax (Form 1120-POL, line 22) 3b 3a Form 1129-POL check here > b Tax based on investment income (Form 990-PF, Pari VI, line 5) 4b 4a Form 990-PF check here > 5a Form 8868 check here > **Declaration of Officer** I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies) Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organizations 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are correct, and complete I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return 1 consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund Sign 05/1**3**/2009 Here Signardie of office Parall Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163, Modernized e-File (MeF) Information for Authorized e-file Providers If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete This Paid Preparer declaration is based on all information of which I have any knowledge Check if Check ERO's SSN or PTIN bieg oals if self-ERO's employed P00641464 signature Use Em 13-4008324 Firm's name (or Only yours if self employed), 125 HIGH STREET address and ZIP code 02110 Phone no 617-530-5000 BOSTON Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge Check Preparer's SSN or PTIN if sell-Preparers

For Privacy Act and Paperwork Reduction Act Notice, see back of form

Form 8453-EO (2007)

employed

₽IN

Phone no

Paid

Preparer's

Use Only

signature

Firm's name (or

vours if self-employed) address and ZIP code